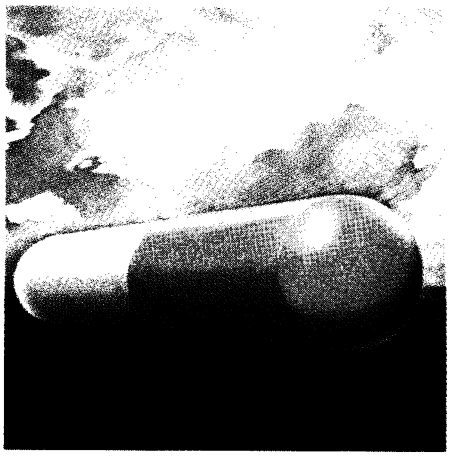
We stand behind every bottle of aspirin.

Butazolidin® alka Geigy

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

After aspirin in arthritic flare-ups...

If it doesn't work in a week, forget it.



Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-070-G

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

BU-8439-9

Will his return to work mean the return of undue psychic tension?

When it's mandatory to keep the post-coronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets *b.i.d.* to *q.i.d.* can usually provide reliable relief. For severe tension/anxiety states, the 10-mg tablets often produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue. Until individual response is determined, caution patient against driving or operating dangerous machinery.

Valium® (diazepam)

For the tense cardiac patient who must be kept calm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

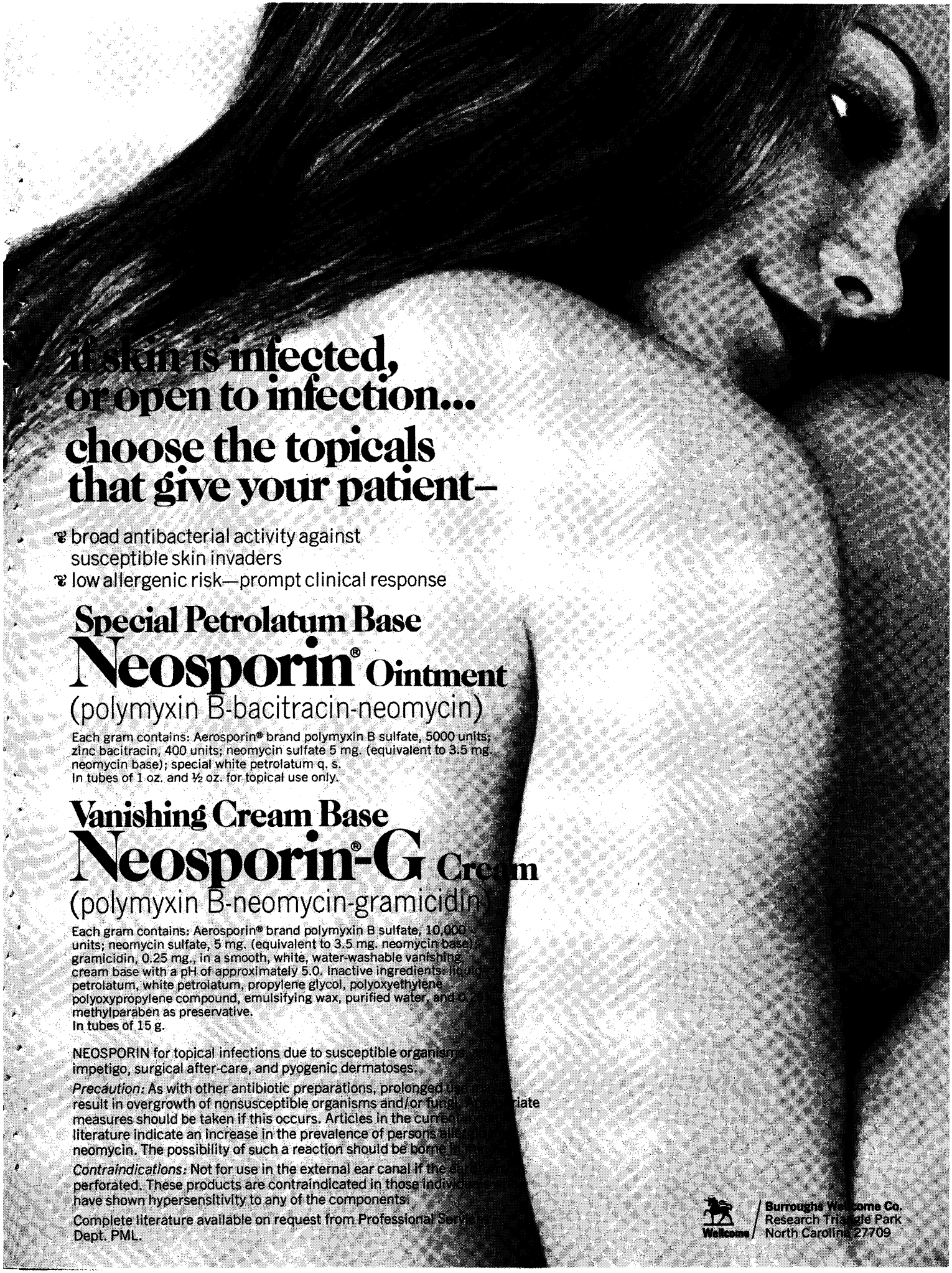
Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110



if skin is infected, or open to infection...

choose the topicals that give your patient–

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk—prompt clinical response

Special Petrolatum Base
Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 5000 units; zinc bacitracin, 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q. s.
In tubes of 1 oz. and ½ oz. for topical use only.

Vanishing Cream Base
Neosporin®-G Cream
(polymyxin B-neomycin-gramicidin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 10,000 units; neomycin sulfate, 5 mg. (equivalent to 3.5 mg. neomycin base); gramicidin, 0.25 mg., in a smooth, white, water-washable vanishing cream base with a pH of approximately 5.0. Inactive ingredients: liquid petrolatum, white petrolatum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, purified water, and 0.2% methylparaben as preservative.
In tubes of 15 g.

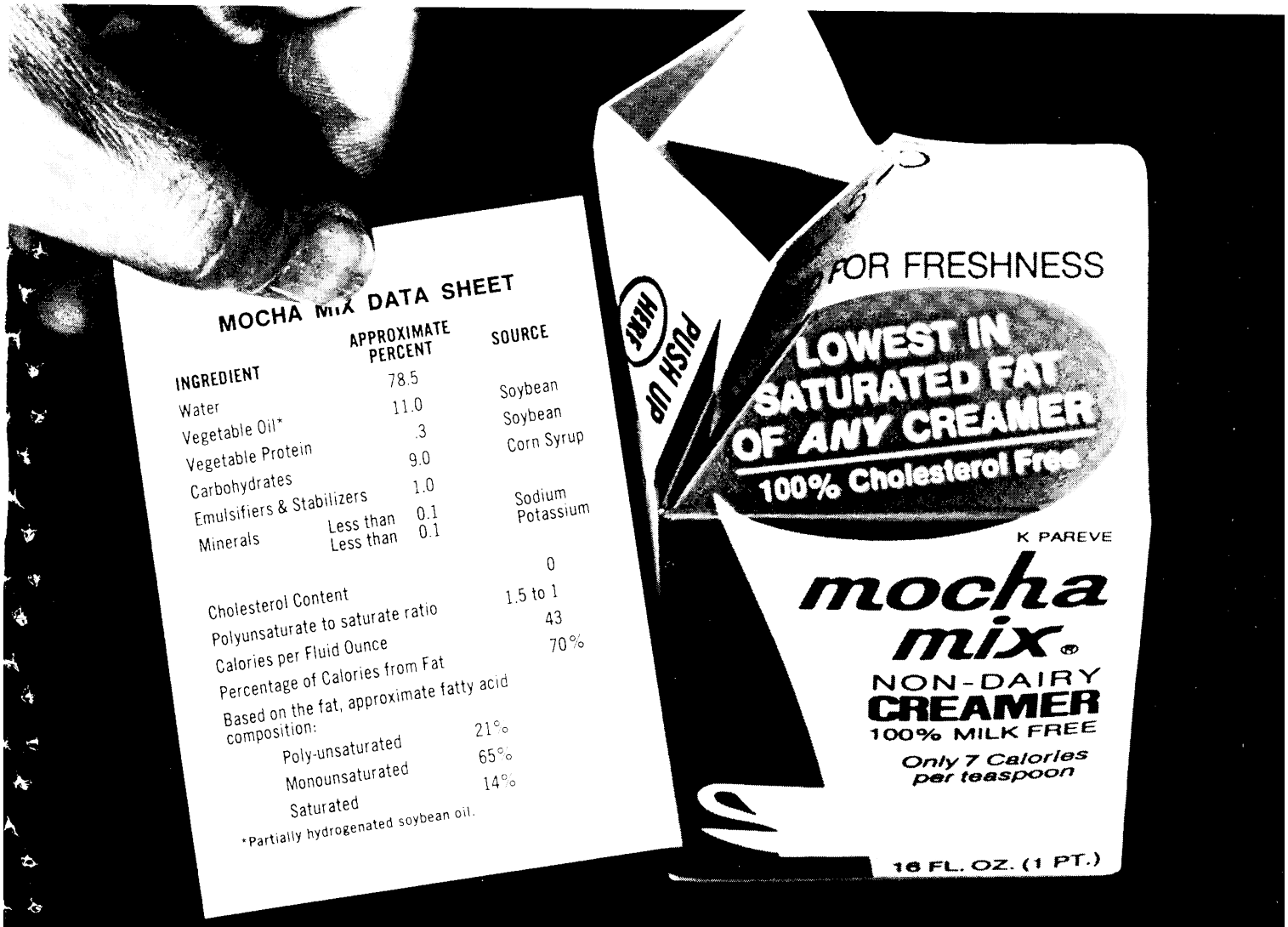
NEOSPORIN for topical infections due to susceptible organisms in impetigo, surgical after-care, and pyogenic dermatoses.

Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Service Dept. PML.

Wellcome / Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709



Mocha Mix® presents its credentials:

Study them. Note how low Mocha Mix® is in saturated fat. (Actually the lowest of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee . . . on cereal, fruit or desserts . . . or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

In addition to the 16 oz. size found in the dairy case of most grocery stores, Mocha Mix is available in larger sizes and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P. O. Box No. 21908, Los Angeles, Calif. 90021

***mocha mix*. . . . the non-dairy creamer that's lowest in saturated fat!**

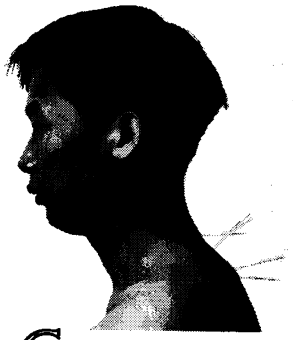
Prompt relief of pain is a lot of what the practice of medicine is all about... East or West.

In much of the Far East, the analgesic efficacy of Empirin® Compound with Codeine would probably be measured against acupuncture, an ancient and traditional therapeutic system.

In America, codeine sets such a high standard for oral analgesia, that it has become a criterion in terms of which other major oral analgesics are most often measured.

Synthetic and other oral analgesics may offer some of the properties of codeine, but not one can provide both its benefits and potency. And codeine provides an antitussive bonus.

Empirin Compound with Codeine is the most widely used, and probably the most pharmaceutically elegant analgesic preparation providing codeine. It's the time-tested combination for predictable pain relief . . . whether the pain is visceral or musculoskeletal; acute or chronic.



(III) **New prescription flexibility.** At your discretion, and where state law permits, a prescription for Empirin Compound with Codeine may now be refilled up to five times in six months.

Empirin Compound with Codeine No. 3 contains codeine phosphate (32.4 mg.) gr. ½. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½. Bottles of 100 and 1000.*

But for relief of Western pain

EMPIRIN® COMPOUND C CODEINE

Burroughs Wellcome Co., Research Triangle Park, North Carolina 27709

He seems more like his old self these days.

Fortunately, some of the early manifestations of selected cases of cerebral vascular disease may be relieved.

Early diagnosis and treatment mean more viable vascular musculature more capable of responding to the direct vasodilating action of Cyclospasmol (cyclandelate). And a better chance to protect and maintain adequate cerebral circulation.

Cyclospasmol has a smooth, gradual and well-tolerated onset of action . . . chances for the desired result may increase with continued use.

***INDICATIONS:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: for adjunctive therapy in intermittent claudication; arteriosclerosis obliterans; thrombophlebitis (to control associated vasospasm and muscular ischemia); nocturnal leg cramps; Raynaud's phenomenon and for selected cases of ischemic cerebral vascular disease.

Final classification of the less-than-effective indications requires further investigation.

ACTIONS: Cyclospasmol (cyclandelate) is an orally-acting vasodilator. Cyclandelate is musculotropic, acting directly on vascular smooth muscle, and has no significant adrenergic stimulating or blocking actions.

The drug is not intended to substitute for other appropriate medical or surgical programs in the treatment of peripheral or cerebral vascular disease.

CONTRAINDICATIONS: Cyclospasmol is contraindicated in cases of known hypersensitivity to the drug. **WARNINGS:** **1.** Cyclandelate should be used with extreme caution in patients with severe obliterative coronary artery or cerebral vascular disease, since there is a possibility that these diseased areas may be compromised by vasodilatory effects of the drug elsewhere. **2. USE IN PREGNANCY:** The safety of cyclandelate for use during pregnancy or lactation has not been established; therefore, it should not be used in pregnant women or in women of childbearing age unless, in the judgment of the physician, its use is deemed absolutely essential to the welfare of the patient. **3.** Although no prolongation of bleeding time has been demonstrated in humans in therapeutic dosages, it has been demonstrated in animals at very large doses. Therefore, the hazard of a prolonged bleeding time should be carefully considered when administering cyclandelate to a patient with active bleeding or a bleeding tendency.

PRECAUTIONS: Since Cyclospasmol is a vasodilator, it should be used with caution in patients having glaucoma. Consult direction circular before prescribing. **ADVERSE REACTIONS:** Gastrointestinal distress (pyrosis, pain and eructation) may occur with Cyclospasmol. These symptoms occur infrequently and are usually mild. Relief can often be obtained by taking the medication with meals or by the concomitant use of antacids. Mild flush, headache, feeling of weakness or tachycardia may occur, especially during the first weeks of administration. **SUPPLIED:** 200 mg. blue capsules in bottles of 100 and 500; 100 mg. orange tablets in bottles of 100 and 500. May we send you reprints, detailed literature or professional samples?

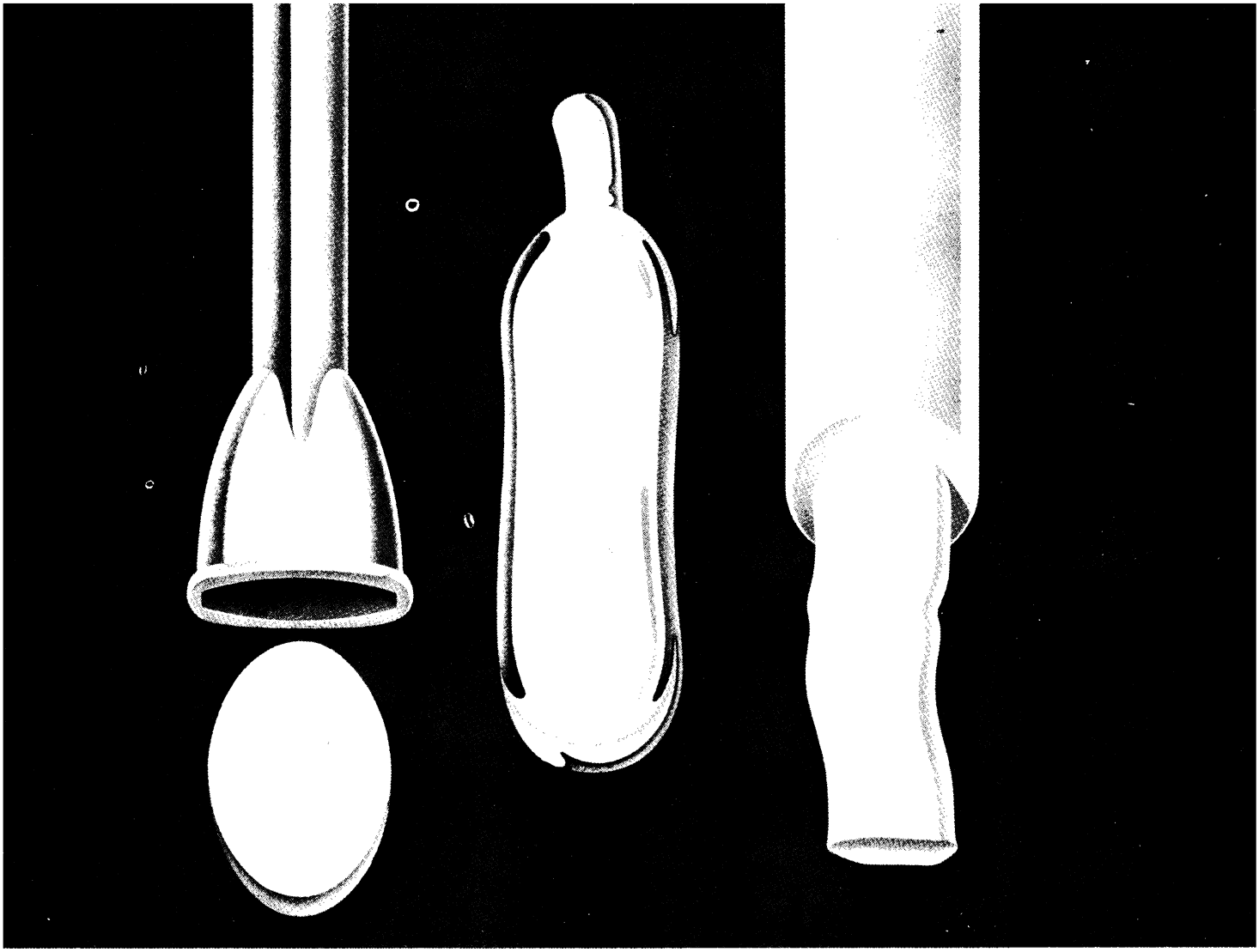
IVES LABORATORIES INC.
685 Third Avenue, New York, N.Y. 10017
Dedicated to improving the quality of life, through Medicine

Just a little improvement means a lot.

Cyclospasmol® (cyclandelate) 200 mg. Capsules

For selected cases of cerebral vascular disease*

ILCC 2-7297AR



These are Candeptin:

The highly effective candicidin for all your vaginal moniliasis patients.

First came CANDEPTIN (candicidin) Tablets for intravaginal use. Then CANDEPTIN Ointment to treat labial involvement and for intravaginal use. Now unique **CANDEPTIN VAGELETTES**—candicidin ointment in soft gelatin capsules—extend the range of CANDEPTIN therapy to even your pregnant and virginal patients (you merely cut off the narrow tip and extrude the contents through the intact hymen).

Clinical proof of potency

CANDEPTIN brings your patients prompt relief of itching, burning and discharge—usually within 72 hours.[1] A single, 14-day course of treatment is usually all that's needed for a complete cure.[2,3,4]

Significantly more potent *in vitro* than nystatin.[5] CANDEPTIN Tablets and Ointment have shown clinical cure rates of 90% and higher in both pregnant and non-pregnant patients.[1,4,6] And in recent studies of **CANDEPTIN VAGELETTES** Vaginal Capsules involving both pregnant and non-pregnant patients, a 100% culture-confirmed cure rate was achieved with a single 14-day course of therapy.[2,3]

Only CANDEPTIN gives you a dosage form for every therapeutic need, plus *eight years' clinical proof* of potency. Consider CANDEPTIN for your next vaginal moniliasis patient.

CANDEPTIN®
(candicidin)

Description: CANDEPTIN (candicidin) Vaginal Ointment contains a dispersion of candicidin powder equivalent to 0.6 mg. per gm. or 0.06% Candicidin activity in U.S.P. petrolatum. 3 mg. of Candicidin is contained in 5 gm. of ointment or one applicatorful. CANDEPTIN Vaginal Tablets contain Candicidin powder equivalent to 3 mg. (0.3%) Candicidin activity dispersed in starch, lactose and magnesium stearate. CANDEPTIN VAGELETTES Vaginal Capsules contain 3 mg. of Candicidin activity dispersed in 5 gm. U.S.P. petrolatum.

Action: CANDEPTIN Vaginal Ointment, Vaginal Tablets, and VAGELETTES Vaginal Capsules possess anti-monilial activity.

Indications: Vaginitis due to Candida albicans and other Candida species.

Contraindications: Contraindicated for patients known to be sensitive to any of its components. During pregnancy manual Tablet or VAGELETTES Capsule insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.

Caution: During treatment it is recommended that the patient refrain from sexual intercourse or the husband wear a condom to avoid re-infection.

Adverse Reaction: Clinical reports of sensitization or temporary irritation with CANDEPTIN Vaginal Ointment, Vaginal Tablets or VAGELETTES Vaginal Capsules have been extremely rare.

Dosage: One vaginal applicatorful of CANDEPTIN Ointment or one Vaginal Tablet or one VAGELETTES Vaginal Capsule is inserted high in the vagina twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.

Available Dosage Forms: CANDEPTIN Vaginal Ointment is supplied in 75 gm. tubes with applicator (14-day regimen requires 2 tubes). CANDEPTIN Vaginal Tablets are packaged in boxes of 28, in foil with inserter—enough for a full course of treatment. CANDEPTIN VAGELETTES Vaginal Capsules are packaged in boxes of 14 (14-day regimen requires 2 boxes.)

Store under refrigeration to insure full potency.

Federal law prohibits dispensing without prescription.

References: **1.** Olsen, J.R.: Journal-Lancet *85*:287 (July) 1965. **2.** Giorlando, S.W.: Ob/Gyn Dig. *13*:32 (Sept.) 1971. **3.** Decker, A.: Case Reports on File, Medical Department, Julius Schmid. **4.** Giorlando, S.W., Torres, J.F., and Muscillo, G.: Am. J. Obst. & Gynec. *90*: 370 (Oct. 1) 1964. **5.** Lechevalier, H.: Antibiotics Annual 1959-1960. New York, Antibiotica Inc., 1960. pp. 614-618. **6.** Friedel, H.J.: Maryland M.J., *15*:36 (Feb.) 1966.

Julius Schmid Pharmaceuticals
423 West 55th Street
New York, New York 10019

CANDEPTIN® (candicidin) Vaginal Tablets Vaginal Ointment and VAGELETTES™ Vaginal Capsules

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INTERNISTS OR GENERAL PRACTITIONERS

Excellent opportunity for internists with pulmonary disease background or general practitioners interested in pulmonary diseases, primarily tuberculosis. Either full time or half time positions available.

Salary commensurate with training and experience.

Contact: Dr. Leo Tepper, Rancho Los Amigos Hospital, 7601 E. Imperial Highway, Downey, Calif.
(213) 773-4331 (213) 869-0921

PHYSICIANS

$25,682 to $28,689

(A starting salary increase to $27,144 has been recommended effective 7-1-72)

The City of Los Angeles is seeking both part-time and full-time physicians to administer physical examinations and handle medical emergencies. Working hours can be arranged.

Requires California License

Please contact Dr. Ralph Sachs
(213) 485-4643

PHYSICIANS WANTED

INTERNIST WANTED—Cardiology training desired but not necessary. To join two internist-cardiologists with active practice in Anaheim, Calif. Salary first year, partnership thereafter. Call or write R.L. Willner, M.D., 1741 W. Romneya Dr., Anaheim (714)776-5920.

GENERAL SURGEON, Board Certified with training in vascular disease and chest surgery. Position with forty man multispecialty Clinic in Santa Barbara, California. Clinic is a professional corporation and offers many fringe benefits. Prefer man 40 or under with three or more years post residency experience. Write G. E. Scott, M.D., Chairman, Post Office Drawer LL, Santa Barbara, California 93102.

PEDIATRICIANS NEEDED IN CALIFORNIA'S ANTELOPE VALLEY, only 69 miles north of Los Angeles. No smog or traffic. Lots of fresh air, sunshine. Ideal opportunity for two or more pediatricians. Expanding medical center with new specialty services. Write: Dr. Philip C. Coussens, Chief of Staff, Antelope Valley Hospital Medical Center, 1600 West Ave., J, Lancaster, Calif., 93534.

ENT MAN NEEDED IN CALIFORNIA'S ANTELOPE VALLEY, only 69 miles north of Los Angeles. Lots of fresh air, sunshine; no smog or traffic. Serve in expanding medical center with new specialty services. Write: Dr. Philip C. Coussens, Chief of Staff, Antelope Valley Hospital Medical Center, 1600 W. Avenue J, Lancaster, Calif., 93534.

GENERAL PRACTITIONERS NEEDED IN CALIFORNIA'S ANTELOPE VALLEY, only 69 miles north of Los Angeles. Lots of fresh air, sunshine; no smog or traffic. Expanding medical center with special procedures room, cobalt, coronary care, nuclear medicine, etc. Write: Dr. Philip C. Coussens, Chief of Staff, Antelope Valley Hospital Medical Center, 1600 W. Ave. J, Lancaster, Calif., 93534.

PHYSICIAN-ANESTHESIOLOGIST WANTED! Full time Anesthesiologist for 110 bed general medical and surgical hospital operated by the County of Los Angeles in the Van Nuys area of the San Fernando Valley. A California State License is required. Contact: Neal C. Hamel, M.D., Chief of Surgical Services, Olive View Hospital, 14445 Olive View Drive, Sylmar, California 91342, (213) 367-2231.

(Continued on page 28)

X-ray provided by Manhattan Eye, Ear and Throat Hospital

There are many frustrations in treating acute sinusitis. Cleocin manages most of the bacterial ones.

Inadequate drainage, chronic rhinitis, allergy, exposure to temperature extremes, and other factors can delay recovery from acute sinusitis.

It's helpful to have an antibiotic like Cleocin HCl (clindamycin HCl hydrate, Upjohn) that can take care of most of the gram-positive bacterial problems related to the disease.

As one study* of 52 outpatients showed, acute maxillary sinusitis was associated with staphylococci in 50% of the group, with pneumococci in 25%, and with streptococci and various other organisms (chiefly gram-negative) in the remainder. Significantly, one-half of these staphylococcal infections were resistant to both penicillin and tetracycline (all were sensitive to erythromycin and chloramphenicol). Although not a part of this study, many other clinical and bacteriologic reports[1] have shown that such gram-positive bacteria, which most often are associated with acute sinusitis, are usually susceptible to Cleocin.

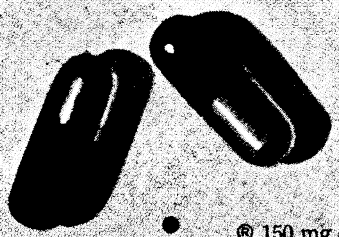
Can be taken before, with, or after meals

The total absorption of Cleocin is virtually unaffected by the presence of food in the GI tract.[1] Cleocin thus can be administered as prescribed without interfering with the patient's mealtimes.

Useful in patients hypersensitive to penicillin

Cleocin's chemical structure bears no relationship to penicillin or the cephalosporins. Cleocin therefore may be especially useful in patients with acute sinusitis who report a history of hypersensitivity to these antibiotics. Although hypersensitivity reactions have been uncommon with Cleocin, it should be used cautiously in atopic individuals. Cleocin is not recommended in the lincomycin-sensitive patient.

Please see following page for further prescribing information.



Cleocin® HCl 150 mg capsules

clindamycin HCl hydrate, Upjohn

*Reynolds, R. C., et al.: Bull. Johns Hopkins Hosp. 114:269, 1964

1. Data on file, Medical Research Department, The Upjohn Company

Side effects: In studies of 1,416 patients involving 92 clinical investigators, side effects were reported in 8.2%.[1] Diarrhea or loose stools were noted in 3% of these cases (one patient with bloody stools). In a few instances, diarrhea lasted several days. A slightly higher incidence of diarrhea or loose stools has been reported by some investigators in subsequent studies.

Toxicity: No irreversible hematologic, renal, dermatologic, or neurologic abnormalities have been reported.[1] Transient leukopenia and eosinophilia have been observed. Elevations of alkaline phosphatase and serum transaminases were observed in a few instances. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

In acute sinusitis and other upper respiratory infections due to susceptible staphylococci, streptococci, and pneumococci.

Cleocin® HCl

clindamycin HCl hydrate, Upjohn

Each preparation contains:	Clindamycin HCl hydrate equivalent to clindamycin base
150 mg Capsules	150 mg
75 mg Capsules	75 mg

Cleocin (clindamycin, Upjohn) is a new semisynthetic antibiotic produced from the parent compound lincomycin and provides more *in vitro* potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

Cleocin HCl (clindamycin HCl hydrate) is indicated in infections of the upper and lower respiratory tract, skin and soft tissue, and, adjunctively, dental infections caused by gram-positive organisms which are susceptible to its action, particularly streptococci, pneumococci and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

CONTRAINDICATIONS: Patients previously found to be hypersensitive to this compound or to lincomycin.

WARNINGS: Safety for use in pregnancy not established. Not indicated in the newborn (infants below 30 days of age).

PRECAUTIONS: Prescribe with caution in atopic individuals. Perform periodic liver function tests and blood counts during prolonged therapy. The serum half-life in patients with markedly reduced renal function is approximately twice that in normal patients; hemodialysis and peritoneal dialysis do not effectively remove Cleocin from the blood. Therefore, with severe renal insufficiency, determine serum levels of clindamycin periodically and decrease the dose appropriately. Should overgrowth of nonsusceptible organisms—particularly yeasts—occur, take appropriate clinically indicated measures.

ADVERSE REACTIONS: Generally well tolerated in clinical efficacy studies. Side effects reported in 8.2% of 1,416 patients. Of the total, 6.9% reported gastrointestinal side effects and 1.3% reported other side effects. Diarrhea or loose stools were reported in 3%. *Gastrointestinal:* Symptoms included abdominal pain, nausea, vomiting and diarrhea or loose stools. In a few instances, diarrhea lasted for several days; one case of bloody stools was reported. *Hematopoietic:* Transient neutropenia (leukopenia) and eosinophilia have been reported; relationship to therapy is unknown. No irreversible hematologic toxicity has been reported. *Skin and Mucous Membranes:* Skin rash and urticaria have been reported infrequently. *Hypersensitivity Reactions:* A few cases of hypersensitivity reaction have been reported. If hypersensitivity occurs, discontinue drug and have available the usual agents (epinephrine, corticosteroids, antihistamines) for emergency treatment. *Liver:* Although no direct relationship of Cleocin HCl (clindamycin HCl hydrate) to liver dysfunction has been noted and significance of such change is unknown, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminases) have been observed in a few instances. Also, abnormal liver function test values at the beginning of therapy have returned to normal during therapy.

DOSAGE AND ADMINISTRATION: *Adults:* Mild to moderately severe infections—150 to 300 mg every 6 hours. Severe infections—300 to 450 mg every 6 hours.

Children: Mild to moderately severe infections—8 to 16 mg/kg/day (4 to 8 mg/lb/day) divided into three or four equal doses. Severe infections—16 to 20 mg/kg/day (8 to 10 mg/lb/day) divided into three or four equal doses.

Note: With β-hemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

SUPPLIED: *150 mg Capsules*—Bottles of 16's and 100's. *75 mg Capsules*—Bottles of 16's and 100's. *Sensitivity Disks*—2 µg. *Sensitivity Powder*—Vials.

For additional product information, see your Upjohn representative or consult package insert. MED B-4-S (LNU-3) JA71-1565

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Give your country a shot in the arm.

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The Army Reserve.
It pays to go to meetings.

From 1961 to 1972 physicians have prescribed more Synalar® (fluocinolone acetonide) than any other brand of topical corticosteroid.

THANK YOU.

Synalar®
(fluocinolone acetonide)

Description — SYNALAR® OINTMENT 0.025% — contains 0.025% fluocinolone acetonide in white petrolatum.

SYNALAR® CREAM 0.025% and SYNALAR® CREAM 0.01% — contain respectively, 0.025% and 0.01% fluocinolone acetonide, in a water-washable aqueous base of stearic acid, propylene glycol, sorbitan monostearate, sorbitan monooleate, polyoxyethylene sorbitan monostearate, and citric acid with methylparaben and propylparaben as preservatives.

SYNALAR® EMOLLIENT CREAM 0.025% contains 0.025% fluocinolone acetonide in a water-washable aqueous base of stearyl alcohol, cetyl alcohol, mineral oil, propylene glycol, sorbitan monostearate, polyoxyethylene sorbitan monostearate, and citric acid with thimerosal as a preservative.

SYNALAR® SOLUTION 0.01% contains 0.01% fluocinolone acetonide in propylene glycol and citric acid.

Action — Topical steroids are primarily effective because of their anti-inflammatory, antipruritic and vasoconstrictive actions.

Indications — Synalar (fluocinolone acetonide) preparations are intended for topical application for symptomatic relief and adjunctive management of acute and chronic corticosteroid-responsive dermatoses.

Contraindications — Topical steroids are contraindicated in vaccinia and varicella.

Topical steroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

Precautions — If irritation develops, Synalar preparations should be discontinued and appropriate therapy instituted.

In the presence of an infection, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, Synalar preparations should be discontinued until the infection has been adequately controlled.

If extensive areas are treated or if the occlusive technique is used, the possibility exists of increased systemic absorption and suitable precautions should be taken. See package insert for full prescribing information on occlusive dressing therapy.

Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnant females has not absolutely been established. Therefore, they should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Synalar preparations are not for ophthalmic use.

Adverse Reactions — The following local adverse reactions have been reported with topical corticosteroids: burning sensations · itching · irritation · dryness · folliculitis · acneform eruptions · hypopigmentation.

The following may occur more frequently with occlusive dressings than without such therapy: maceration of the skin · secondary infection · skin atrophy · striae · miliaria.

In some patients with dry lesions, the solution may increase dryness, scaling or itching. Application to denuded or fissured areas may produce a burning or stinging sensation. If burning and stinging persist, and the dematitis has not improved, use of the solution should be discontinued.

These preprations are available on prescription only.

SYNALAR® CREAM 0.01%
(fluocinolone acetonide)
15, 45, 60 gm. Tubes
120, 425 gm. Jars

SYNALAR® CREAM
0.025%
(fluocinolone acetonide)
5, 15, 60 gm. Tubes
120, 425 gm. Jars

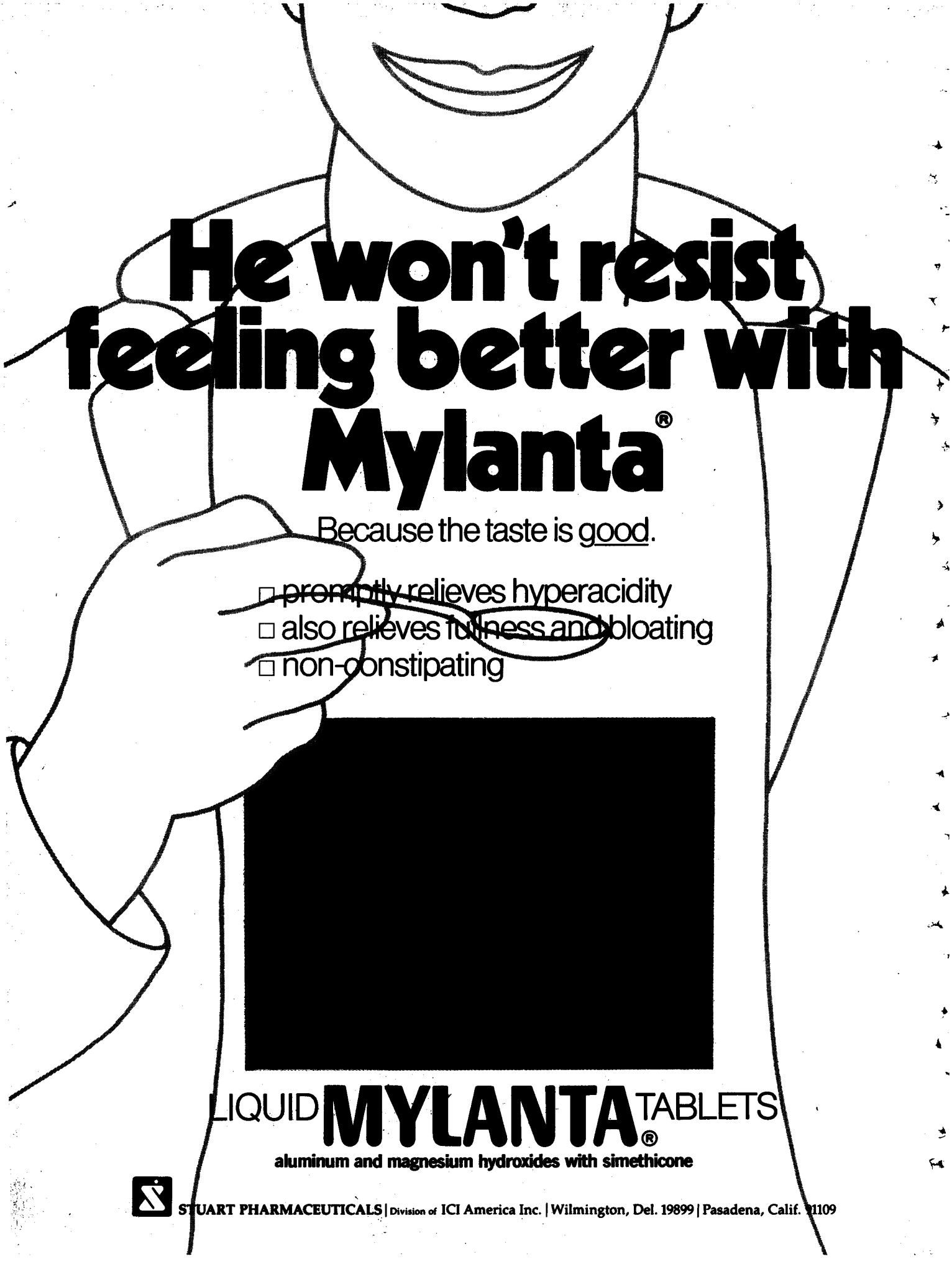
SYNALAR® OINTMENT
0.025%
(fluocinolone acetonide)
15, 60 gm. Tubes
425 gm. Jars

SYNALAR® EMOLLIENT CREAM 0.025%
(fluocinolone acetonide)
15, 60 gm. Tubes

SYNALAR® SOLUTION
0.01%
(fluocinolone acetonide)
20, 60 cc. Plastic Bottles
60 cc. Roll-Top Applicator

SYNTEX

SYNTEX LABORATORIES, INC.
PALO ALTO, CALIFORNIA 94304


He won't resist feeling better with Mylanta®
Because the taste is good.
□ promptly relieves hyperacidity
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LIQUID MYLANTA® TABLETS
aluminum and magnesium hydroxides with simethicone
STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899 | Pasadena, Calif. 91109

140/90 is normal blood pressure...or is it?

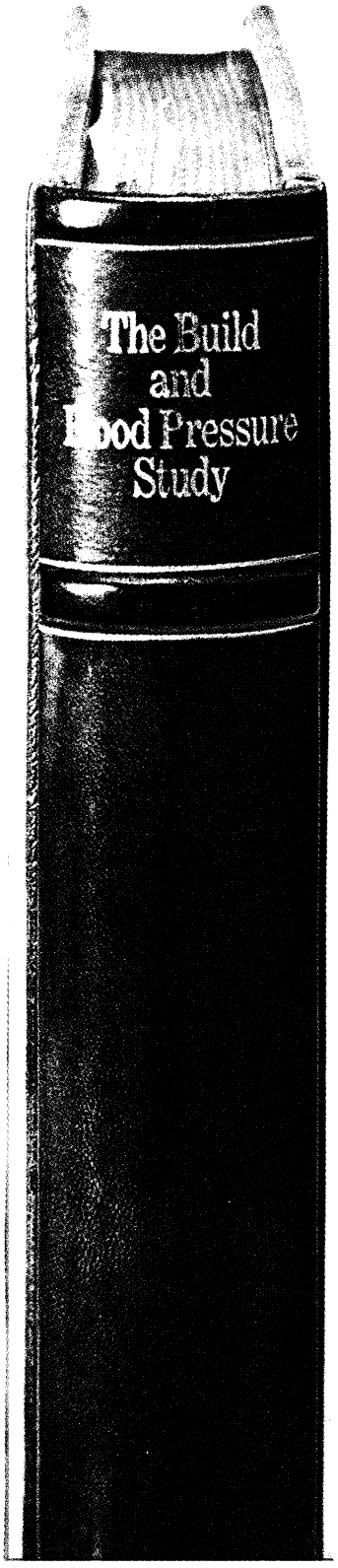
An extensive study based on nearly 4 million life insurance policies suggests that a blood pressure reading of 140/90 requires close medical supervision.

Study Findings. Twelve years ago the Society of Actuaries reported on an extensive study based on the lives and deaths represented by almost 4 million life insurance policies. From this vast survey—"The Build and Blood Pressure Study"[1]—insurance experts concluded that:

- Blood pressure above 140/90 is accompanied by increased morbidity and requires close medical attention.
- Even small increments in either systolic or diastolic blood pressure progressively and steeply shorten life expectancy.

Other Studies. Studies conducted with large numbers of patients since that time have echoed the above findings. Two studies published in 1970—the VA Cooperative Study Group on "Effects of Treatment on Morbidity in Hypertension"[2] and the "Framingham Study"[3]—suggest that treatment of even mild hypertension may, over time, offer significant benefits to the patient.

Another Point of View. Although a growing body of studies suggests that treatment of mild hypertension is warranted, medical opinion is not unanimous. Some clinicians recommend that drug treatment for mild hypertension be reserved for patients with additional risk factors such as smoking, high cholesterol levels, heart or kidney involvement, or a family history of vascular disease. Dr. Walter M. Kirkendall stated this position in his recent paper "What's With Hypertension These Days?"[4] Discussing the management of hypertension in patients with a sustained diastolic pressure up to 100 mm Hg, he said: "Generally, I do not recommend antihypertensive therapy unless patient's blood pressure approaches the upper limit for the group and a number of adverse factors exist, such as male sex, family history of vascular disease, youth, evidence of heart or kidney involvement."



Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged..

MSD
MERCK SHARP & DOHME

25- and 50-mg tablets

HydroDIURIL®

(Hydrochlorothiazide|MSD)

Therapy to Start With

For a brief summary of prescribing information, please see next page.

1. Society of Actuaries, *The Build and Blood Pressure Study*, 1959.
2. Veterans Administration Cooperative Study Group on Antihypertensive Agents, "Effects of Treatment on Morbidity in Hypertension," JAMA *213*:1143-1152, Aug. 17, 1970.
3. Kannel, William B., *et al.*: "Epidemiologic Assessment of the Role of Blood Pressure in Stroke—The Framingham Study," JAMA *214*:301-310, Oct. 12, 1970.
4. Kirkendall, Walter M.: "What's With Hypertension These Days?" Consultant, Jan. 1971.

25- and 50-mg tablets

HydroDIURIL®

(Hydrochlorothiazide|MSD)

Therapy to Start With

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

CONTRAINDICATIONS: Anuria; increasing azotemia and oliguria during treatment of severe progressive renal disease. Known sensitivity to this compound. Nursing mothers; if use of drug is deemed essential, patient should stop nursing.

WARNINGS: May precipitate or increase azotemia. Use special caution in impaired renal function to avoid cumulative or toxic effects. Minor alterations of fluid and electrolyte balance may precipitate coma in hepatic cirrhosis.

When used with other antihypertensive drugs, careful observation for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents, especially ganglion blockers, must be reduced by at least 50% because HydroDIURIL potentiates their action.

Stenosis and ulceration of the small bowel causing obstruction, hemorrhage, and perforation have been reported with the use of enteric-coated potassium tablets, either alone or with nonenteric-coated thiazides. Surgery was frequently required, and deaths have occurred. Such formulations should be used only when indicated and when dietary supplementation is impractical. Discontinue immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Thiazides cross placenta and appear in cord blood. In women of childbearing age, potential benefits must be weighed against possible hazards to fetus, such as fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

The possibility of sensitivity reactions should be considered in patients with a history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported for sulfonamide derivatives, including thiazides.

PRECAUTIONS: Check for signs of fluid and electrolyte imbalance, particularly if vomiting is excessive or patient is receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances. Hypokalemia may develop (especially with brisk diuresis) in severe cirrhosis; with concomitant steroid or ACTH therapy; or with inadequate electrolyte intake. Digitalis therapy may exaggerate metabolic effects of hypokalemia, especially with reference to myocardial activity. Hypokalemia may be avoided or treated by use of potassium chloride or giving foods with a high potassium content. Similarly, any chloride deficit may be corrected by use of ammonium chloride (except in patients with hepatic disease) and largely prevented by a near normal salt intake. Hypochloremic alkalosis occurs infrequently and is rarely severe. In severely edematous patients with congestive failure or renal disease, a low salt syndrome may occur if dietary salt is unduly restricted, especially during hot weather.

Thiazides may increase responsiveness to tubocurarine. The antihypertensive effect of the drug may be enhanced in the postsympathectomy patient. Arterial responsiveness to norepinephrine is decreased, necessitating care in surgical patients. Discontinue drug 48 hours before elective surgery. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics.

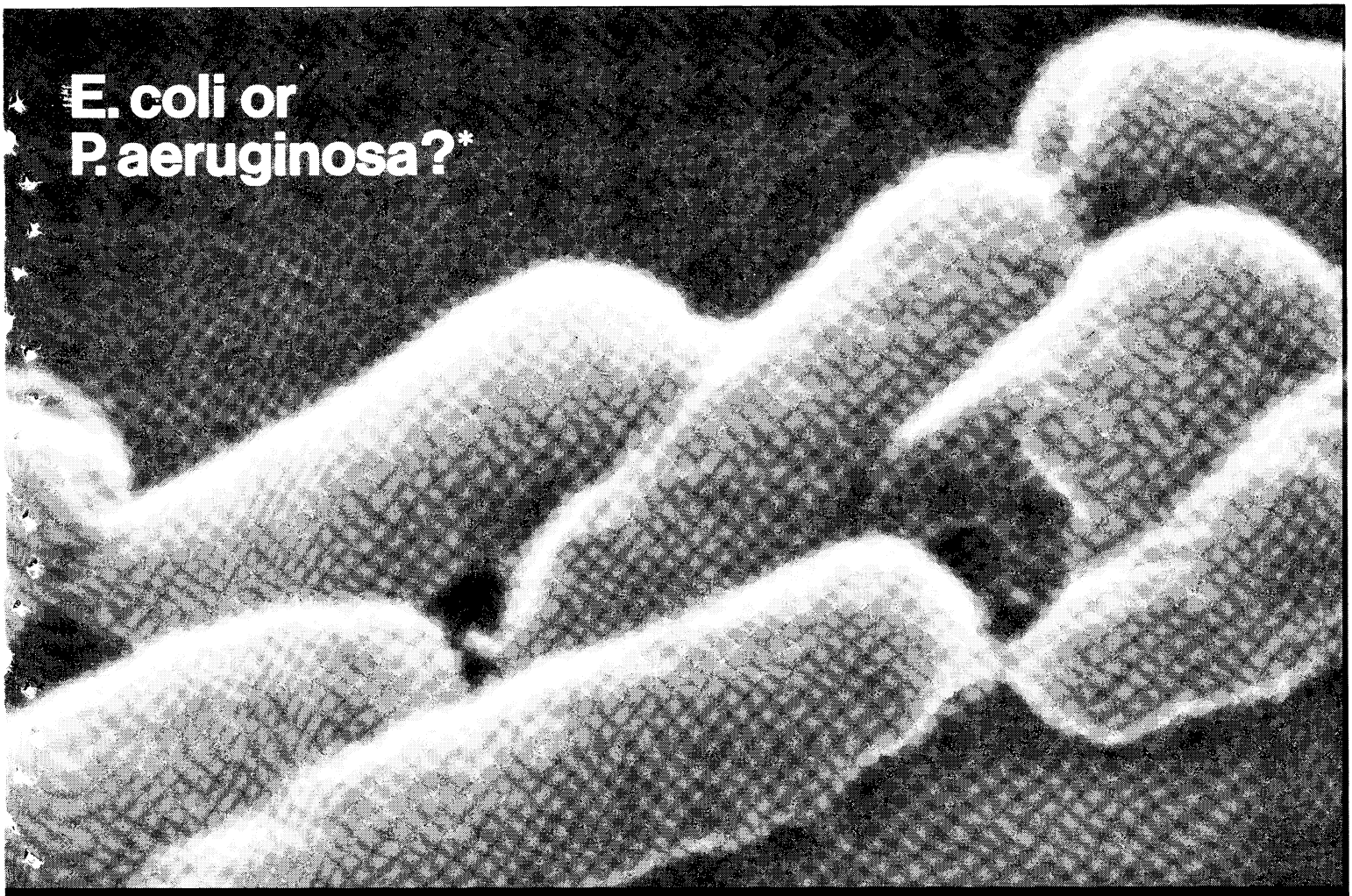
Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been seen in a few patients on prolonged thiazide therapy. The effect of discontinuing thiazide therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients. Parathyroidectomy has elicited subjective clinical improvement in most patients, but has no effect on hypertension. Thiazide therapy may be resumed after surgery.

Use cautiously in hyperuricemic or gouty patients; gout may be precipitated. May affect insulin requirements in diabetics; may induce hyperglycemia and glycosuria in latent diabetics.

ADVERSE REACTIONS: Rare reactions include thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, cholestasis, and pericholangiolitic hepatitis. Nausea, vomiting, diarrhea, dizziness, vertigo, paresthesias, transient blurred vision, sialadenitis, purpura, rash, urticaria, photosensitivity, or other hypersensitivity reactions may occur. Cutaneous vasculitis precipitated by thiazide diuretics has been reported in elderly patients on repeated and continuing exposure to several drugs. Scattered reports have linked thiazides to pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice. When adverse reactions are moderate or severe, the dosage of thiazides should be reduced or therapy withdrawn.

For more detailed information, consult your MSD Representative or see the Direction Circular. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486

MSD
MERCK SHARP & DOHME



In severe infections when nutritional supplementation is indicated

Berocca® tablets is therapy

With balanced, high potency B-complex and C vitamins.
No odor.
Virtually no aftertaste.
Lowest priced Rx formula.

Please see Complete Prescribing Information, a summary of which follows:

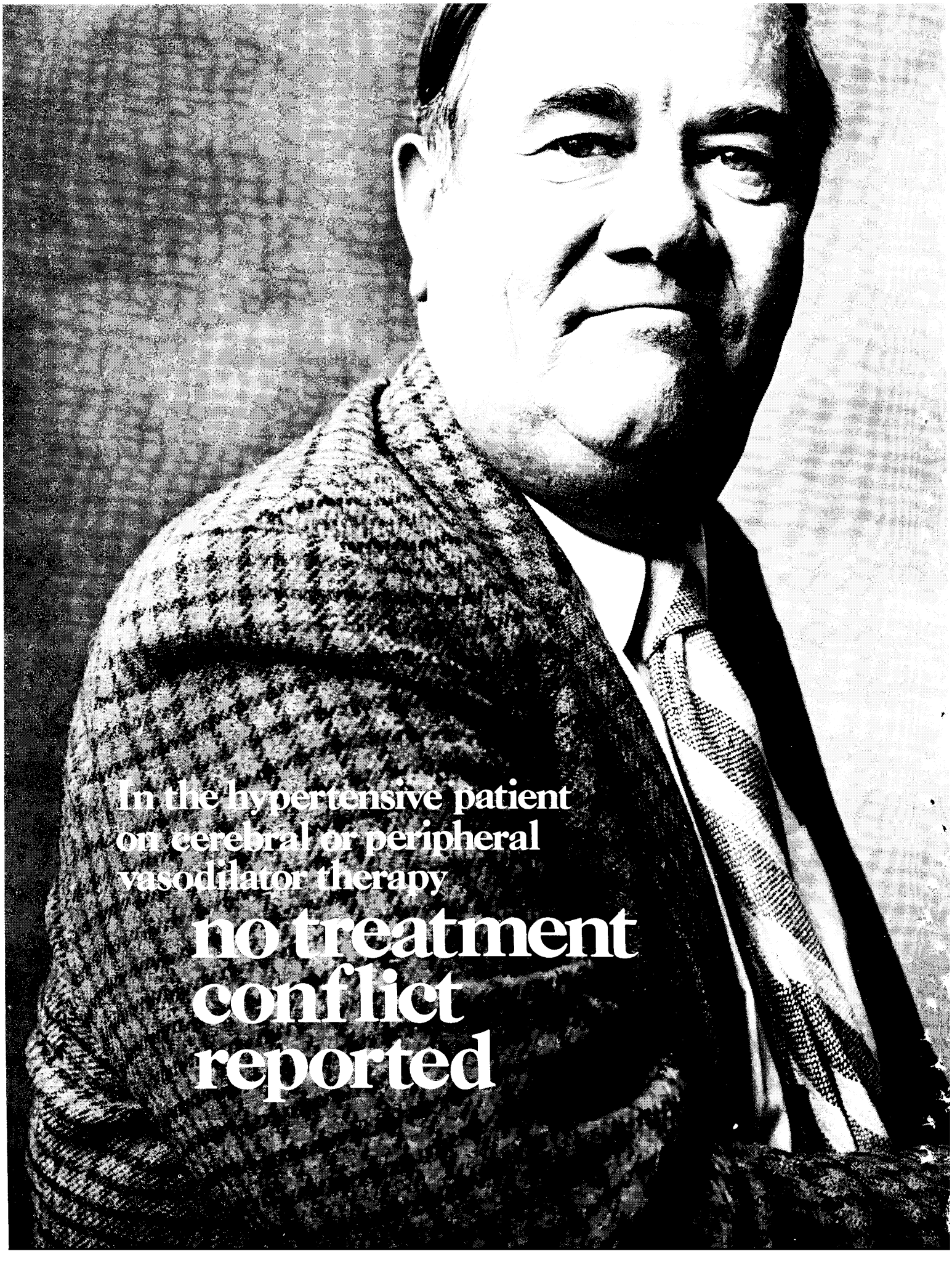
Each Berocca Tablet contains:

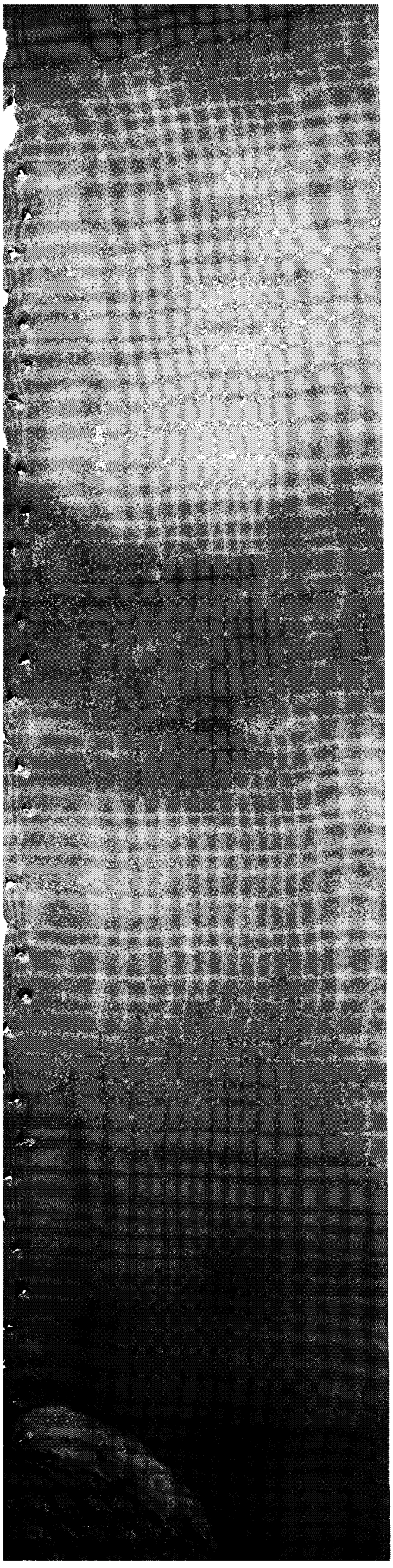
Thiamine mononitrate	15 mg
Riboflavin	15 mg
Pyridoxine HCl	5 mg
Niacinamide	100 mg
Calcium pantothenate	20 mg
Cyanocobalamin	5 mcg
Folic acid	0.5 mg
Ascorbic acid	500 mg

Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.
Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B_{12}.
Dosage: 1 or 2 tablets daily, as indicated by clinical need.
Available: In bottles of 100.

ROCHE
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

***E. coli** are revealed by the rounded ends of the bacteria in this new scanning electron micrograph. **P. aeruginosa** have tapered ends. Neither distinction can be seen under standard microscopy. Photomicrography: Courtesy Harry S. Truman Laboratory, Kansas City, Mo.*


In the hypertensive patient
on cerebral or peripheral
vasodilator therapy
no treatment
conflict
reported



VASODĪLAN®
(ISOXSUPRINE HCl)
the compatible vasodilator

- has not been reported to complicate the treatment of hypertension.
- conflicts have not been reported with concurrently administered antihypertensives, diuretics, corticosteroids or miotics.
- complications in the treatment of diabetes, peptic ulcer, coronary insufficiency, glaucoma or liver disease have not been reported.

In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators[1-4] have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement[2,4] and observation of clinical improvement.[1,3]
Composition: VASODĪLAN tablets, isoxsuprine HCl, 10 mg. and 20 mg. VASODĪLAN syrup, isoxsuprine HCl, 10 mg. per 5 ml. teaspoonful. **Indications:** *In cerebral vascular disorders,* for relief of symptoms due to vascular insufficiency associated with various conditions such as arteriosclerosis and hypertension. *In peripheral vascular disorders,* for relief of symptoms such as intermittent claudication, coldness, numbness, pain and cramping of the extremities—in the management of arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebitic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Dosage and Administration:** In peripheral and cerebral vascular disorders—10 to 20 mg. three or four times daily. **Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding. **Adverse Reactions:** On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose. **Supplied:** *Tablets,* 10 mg.—bottles of 100 and 1000, and Unit Dose; 20 mg.—bottles of 100 and 500. *Syrup,* 10 mg. per 5 ml. teaspoonful—bottles of 1 pint. **References:** 1. Clarkson, I. S., and LePere, D. M.: Angiology *11*:190-192 (June) 1960. 2. Horton, G. E., and Johnson, P. C., Jr.: Angiology *15*:70-74 (Feb.) 1964. 3. Dhrymiotis, A. D., and Whittier, J. R.: Curr. Ther. Res. *4*:124-128 (April) 1962. 4. Whittier, J. R.: Angiology *15*:82-87 (Feb.) 1964.

Mead Johnson LABORATORIES

(Continued from page 15)

PHYSICIANS WANTED

CHIEF OF SURGERY needed for large Veterans Home Hospital, Yountville, California. Salary dependent on background. Excellent retirement plan and many fringe benefits. Situated in beautiful Napa Valley one hour from San Francisco. Call Dr. Johnson, Chief Medical Officer, (707) 944-2422.

HUNTINGTON BEACH—BUILD TO SUIT '72-73 NEAR HUNTINGTON HARBOUR, fast growing, smog free. One mile to ocean. Pediatrician, general practitioner, etc., needed. Call 714-846-2806.

GP—GENERAL SURGEON-INTERNIST-ORTHOPOD ER PHYSICIAN (IN SAN DIEGO ONLY). EXCELLENT CAREER OPPORTUNITY. Any Southern California location, including San Diego County. Good starting salary and bonus arrangement with progressive fringe benefits. Call (213) 553-6660 or send curriculum c/o C. Slocumb, M.D., 1880 Century Park East, Suite 1500, Los Angeles, Calif. 90067.

EXPANDING GROUP SEEKING TO ADD OPHTHALMOLOGIST, FAMILY PRACTITIONER, AND INTERNIST WITH INTEREST IN CARDIOLOGY. Other specialties will be considered. Near Sierra recreation areas and still within 3 hours of Los Angeles. John Bugay, Clinic Manager, Drummond Medical Group, Inc., 1111 W. China Lake Blvd., Ridgecrest, Ca. 93555. Phone collect (714) 446-4571.

GENERAL PRACTITIONERS, INTERNISTS, SURGEONS. NEW MEDICAL COMPLEX ADJACENT TO EXPANDING 200 BED HOSPITAL serving Southeast Santa Clara Valley, California. Solo or joint practice with established group. Contact: Community Medical Center, 700 W. Parr Avenue, Los Gatos, Calif. 95129. Phone: 408-257-1155.

OUTPATIENT SERVICES PHYSICIAN—Emergency Room, combined patient care and teaching staff assignment, in Central California Teaching Hospital with 70 Resident and Intern physicians, well developed fulltime teaching and medical school consulting program. Starting salary $31,000, 40 Hours, 5 Days, 3 Weeks Vacation and other benefits. Contact Frederick M. Hebert, M.D., 445 So. Cedar Ave., Fresno, Calif. 93702, Phone (209) 251-4833.

CHIEF OF ORTHOPEDICS—Valley Medical Center of Fresno, 583-bed teaching hospital, 75 interns and residents, 35 fulltime staff members. Orthopedics is an active teaching service with interns and residents assigned from the General Surgery Rotation. Large outpatient service with many trauma cases. Salary negotiable. Contact Frederick M. Hebert, M.D., Director of Medical Education, Valley Medical Center, Fresno, Ca. 445 So. Cedar Ave., 93702, (209) 251-4833.

PHYSICIANS, INTERNISTS positions for Internists are now available at the Los Angeles County Olive View Medical Center-Midvalley Unit, 110 beds, general medical-surgical facility. Full-time positions. University appointment and California License are required. Please contact Leonard P. Haber, M.D., Olive View Medical Center, 14445 Olive View Dr., Sylmar, California 91342, (213) 997-1800, Ext. 240.

FOSTER CITY NEEDS DOCTORS!

San Mateo County's newest and fastest growing city has 15,000 population and no doctors. A new medical-dental building now under construction at Foster City's Marin Cove shopping center will soon be ready for occupancy—completion date, October, 1972. Building overlooks lagoon. Full services to tenants include air-conditioning, utilities and janitorial. Physicians are urged to write or phone today for details. BAY AREA REALTY, George Menzoian, 1500 Hillside Boulevard, Colma, Calif. 94014. 755-6596 Evenings: 345-5006

WANTED IMMEDIATELY: Health Care Director willing to accept the challenges of developing an innovative community controlled OEO sponsored health care delivery system designed to serve the medical needs of an urban Mexican American population in the greater East Los Angeles area. Due to current cultural and socio-economic barriers, the multiple disease problems of this population have historically been unaccessible to comprehensive health care, thus providing some of the most challenging health statistics in the U.S. Plans for a health network and for construction of an initial Primary Care Satellite are currently being developed, offering a unique and unequaled opportunity to develop a broad based system providing training and economic development along with the provision of medical care. Applicant should be Board certified or eligible, have some administrative skills and experience and be interested in working with people. Spanish speaking ability preferred but not required. Salary is negotiable relative to training experience and prior income. Reply to Carlos Ramos, Executive Administrator, Community Health Foundation of East Los Angeles, 4457 E. Telegraph Rd., Los Angeles 90023. Phone: (213) 269-9551.

ASSOCIATES WANTED

EXPANDING GROUP seeking to add pediatrician or general practitioner with advanced training and special interest in pediatrics. Resort mountain community in southern California ski area. Phone collect 714/866-4648, or write Melvin L. Jackson, M.D., Big Bear Lake Medical Group, 625 Pine Knot Ave., P.O. Box 1729, Big Bear Lake, California 92315.

INTERNAL MEDICINE, AGE 30-45, BOARD ELIGIBLE OR CERTIFIED. MILITARY OBLIGATION COMPLETED. 3 Board certified internists, referral and consultative practice. New hospital, ICU-CCU. Teaching position available at nearby County Hospital. Ideal living climate, 15 minutes from ocean and mountains, one hour to culture and medical centers. Contact: R.H. Gordinier, M.D., 243 March St., Santa Paula, Calif. 93060.

ASSOCIATES WANTED

INTERNIST to associate with two other Internists, one has a Subspecialty in Cardiology. Beautiful area in growing Southern California community. 19 miles from Pacific ocean, 30 miles from mountains and San Diego, 100 miles from Los Angeles. Reply: California Medicine, Box 9320, San Francisco, Calif.

INTERNIST SEEKING ASSOCIATE. Well established practice on San Francisco Peninsula. Open staff hospitals nearby. Two medical schools within a 20 mile radius. Arrangements to be discussed. Send Curriculum vitae to California Medicine, Box 9316, San Francisco, Calif.

UROLOGIST TO JOIN ONE OTHER BOARD CERTIFIED UROLOGIST IN SAN FRANCISCO Bay Area. Excellent starting salary, leading to early partnership. Excellent hospital facilities. Write: California Medicine, Box 9297, San Francisco, Calif.

POSITION WANTED

CALIFORNIA LICENSED RADIOLOGIST, UNIVERSITY TRAINED, OVER TEN YEARS EXPERIENCE, BOARD CERTIFIED. Diagnostic Radiology preferred. Married with children. Age 44. Box No 9309, California Medicine, San Francisco, Ca.

RESIDENCY AVAILABLE

GENERAL SURGERY RESIDENCY: APPROVED FIRST-YEAR RESIDENCY IN GENERAL SURGERY in large private hospital with university affiliation. Internship completely filled. Active clinic service and all of our prior residents have obtained excellent positions in their desired specialty. Center of Los Angeles with housing available. $1,138.00/month. May begin at any time after July 1, 1972. Reply: California Medicine, Box 9303, San Francisco, Calif.

OBSTETRICS AND GYNECOLOGY RESIDENCY: ONE FIRST YEAR POSITION IN FULLY APPROVED PROGRAM; 1,800 deliveries, 200 major GYN procedures yearly. Residents given primary responsibility, including surgery, for all patients. Supervision by clinically oriented director and Attending Staff. UCLA affiliation, six months in second year at UCLA Medical Center, Obstetrics and Gynecology Department. Women applicants invited. Salary $12,600 annually. Extra earning available in emergency room on voluntary basis. Must be eligible for California license. Contact Leroy Smale, M.D., Director, Obstetrics and Gynecology, Kern General Hospital, Bakersfield, California 93305. (805-323-7651)

PRACTICES FOR SALE

SAN DIEGO PEDIATRIC PRACTICE: Pediatrician in excellent health at 65 with 35 years of practice in San Diego is ready to retire as soon as placement pediatrician is found. Superb 1300 feet office for lease in excellent location. Furniture, equipment and supplies for sale. Outstanding staff willing to stay on. Contact: W.C. Black, M.D., 4529 College Avenue, San Diego, Calif. 92115. Phone: 714-582-4343.

FOR SALE: Dermatology practice, office, and home—practice seven years old—over $200,000 gross each of past five years. Central coastal California. Office magnificent. Equipment in trust for children. Will introduce, teach plastic procedures as necessary. Home (4,000 sq. feet, modern, gorgeous, must go also). Write California Medicine, Box 9319, San Francisco, Calif.

MANY EXCELLENT California Medical Practices for sale. Free list of practices available. Also, practices available in Oregon, Washington, Idaho, Utah, Nevada, Colorado, Arizona, New Mexico and Texas. Professional Practice Sales, 17802 Irvine Blvd., Tustin, Calif. (714) 832-0230, or 1428 Irving Street, San Francisco, (415) 661-0608. Write for free brochure "Things You Should Know About Buying or Selling Professional Practices."

LOCUM TENENS

JUNE THRU JULY, '72 GP OFFICE, WEEKEND AND NITE COVERAGE AVAILABLE THRU GROUP. Malpractice insurance included. Congenial working conditions in modern office with young practice adjacent to hospital with well equipped ICU and CCU. Contact J. A. Phelps, M.D., 1175 East Arrow Highway, Upland, California or call collect 714-982-8841.

REAL ESTATE FOR SALE

MOTHER LODE COUNTRY, near Georgetown, California. 4 to 30 acre parcels, $880/acre and up. Pine trees, oak trees, small lakes, views, paved road frontage, building sites. Electricity convenient to Auburn Dam. Terms. Contact: W.M. Iverson, California Medicine, P.O. Box 9315, San Francisco, Calif.

DRAMATIC SEA RANCH, ocean front building site. With coastal view. Utilities, incl. year-round community water source and cable TV. All in and paid for (no bonds). Private beaches, river, stables with miles of riding trails, tennis, saunas, pools (soon golf), thousands of acres of open space. Much, much more. Private roads and year-round security patrol. Write California Medicine, Box 9318, San Francisco, Calif.

VACATION RENTAL

HAWAIIAN (Hanalei, Kauai) VACATION beach home for only $500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available September, 1972, through May, 1973. Weekly rate $150.00. For details, pictures and information write James R. Christiansen, 1216 State, Santa Barbara, California 93101, or telephone (805) 962-8141.

(Continued on page 29)

DIRECTORY

HOSPITALS • SANITARIUMS • REST HOMES

SCIENTIFIC EXHIBITS
102nd Annual Session of the
California Medical Association
and Second Western States Invitational Scientific Assembly
March 10-14, 1973 **Disneyland Hotel, Anaheim**

Send, when available, application form for space

SCIENTIFIC & ORGANIZATIONAL EXHIBITS
1973 Annual Session

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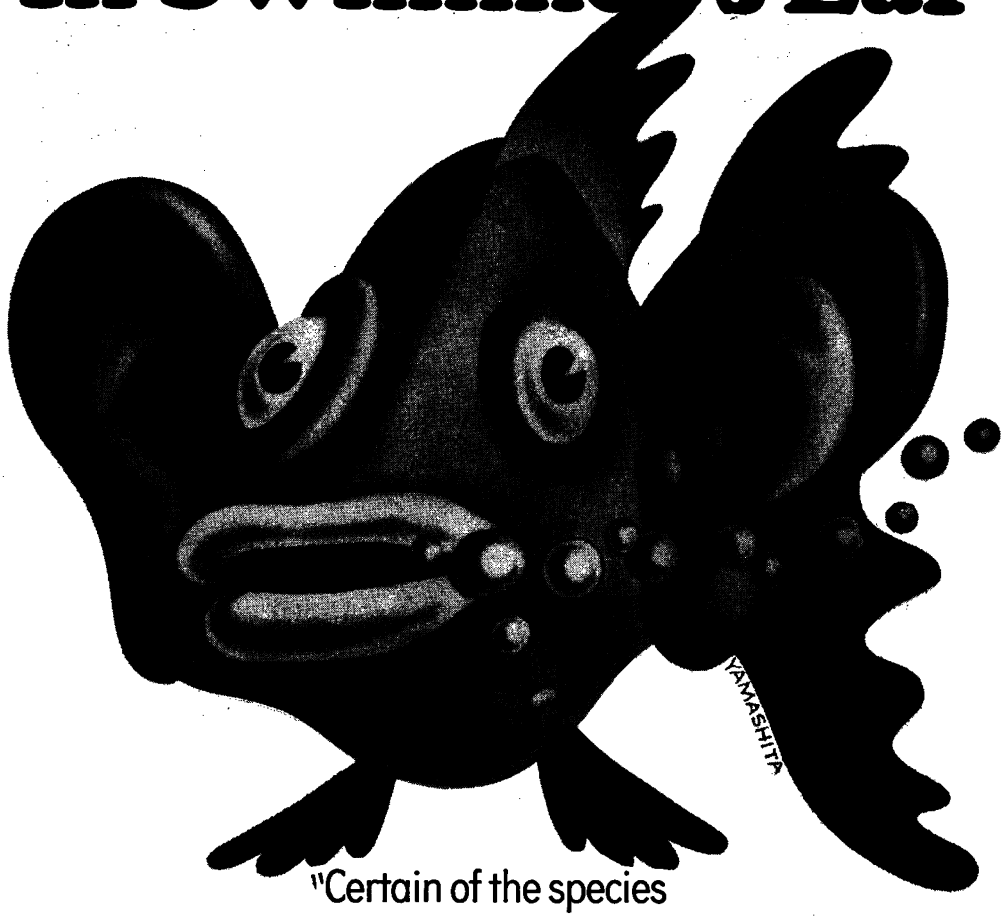
Mail to CMA Annual Session, 693 Sutter, San Francisco 94102

In Swimmer's Ear



"Certain of the species
are apt to encounter aural
difficulties after engaging in various
natatory pursuits."

Furacin® Otic

(nitrofurazone) antibacterial/anesthetic/antifungal

Formula: Contains (w/w) 0.2% FURACIN, brand of nitrofurazone, 0.375% Micofur®, brand of nifuroxime, and 2% diperodon hydrochloride dissolved in water-soluble, nondrying, hygroscopic polyethylene glycol.
Indications: For treatment of bacterial otitis externa, bacterial otitis media and otomycosis. In otitis media, this preparation is not effective if the tympanic membrane is intact.
FURACIN (nitrofurazone) and Micofur (nifuroxime) are active against a variety of gram-positive and gram-negative organisms. Activity versus Pseudomonas sp. is limited to certain strains. Micofur (nifuroxime) is active against Candida (Monilia) albicans.

Precautions: Sensitization may occur with prolonged use and is more likely to develop in eczematous otitis externa. To minimize such reactions (a) limit application to a week or less, and (b) avoid use of excessive amounts which may run down the face.
This preparation is not indicated for use in treatment of cholesteatoma, where surgical intervention is necessary.
Supplied: Bottle of 15 cc. with dropper.

®Originators and Developers of The Nitrofurans
EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK 13815

One of the familiar line of Cordran®

flurandrenolide products

Additional information available to the profession on request.

200469

Eli Lilly and Company
Indianapolis, Indiana 46206


PREMARIN®
(CONJUGATED ESTROGENS TABLETS, U.S.P.)
HELPS RELIEVE EMOTIONAL SYMPTOMS OF MENOPAUSAL ESTROGEN DEFICIENCY
BECAUSE
IT GIVES HER BA
SOMETHING SH LOST

...NO TRANQUILIZER CAN DO THAT!

Emotional symptoms, such as anxiety, depression, nervousness, and fatigue, may be related to a diminishing production of estrogen. In such cases, PREMARIN, by providing specific replacement of estrogen, can help relieve much of the emotional distress of the menopause... in addition to the classic symptoms of hot flushes and sweats.

Sedatives, tranquilizers, and psychotherapy, of course, may be helpful in some selected cases, but they cannot correct the underlying vasomotor and metabolic disturbances, nor the nonspecific emotional component related to loss of hormonal support.[1-4]

Many psychosomatic symptoms which occur at this time of life appear to correlate fairly well with declining estrogen levels.[2-5] And in patients where emotional instability has been latent, such manifestations may be unmasked and even magnified.[4]

Anxiety and depression resulting from estrogen deficiency usually respond to estrogen therapy in a relatively short time.[2] Other "psychogenic" symptoms such as headaches, crying spells, insomnia, feelings of weakness and fatigue due to estrogen deficiency may also be relieved.[1,3,5] And in the large majority of patients, PREMARIN imparts a renewed sense of well being.[6]

When your menopausal patient suffers emotional distress resulting from estrogen deficiency, PREMARIN can often help—because it gives her back some of the estrogen support she's lost.

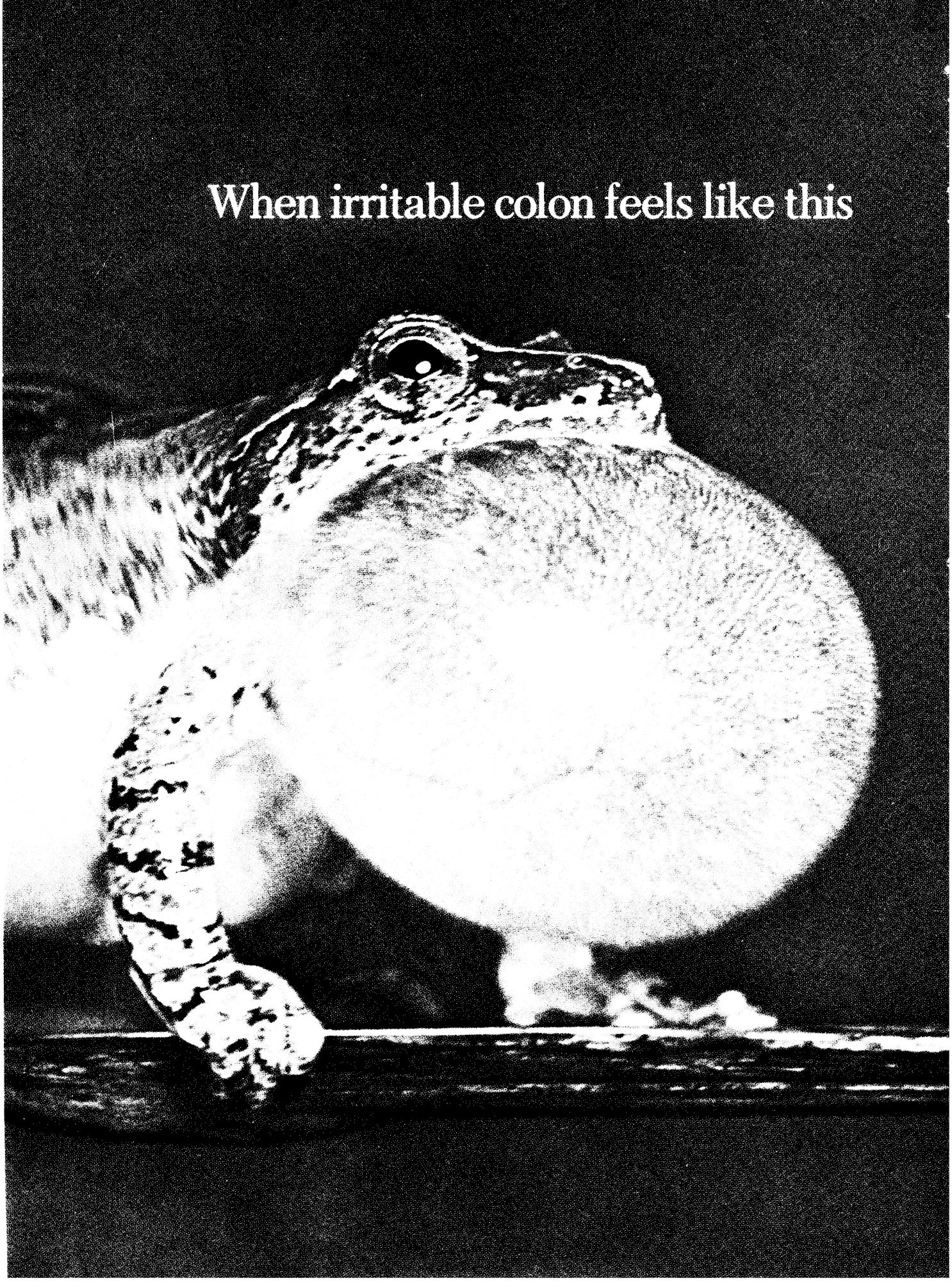
BRIEF SUMMARY. *(For full prescribing information, see package circular.)*
PREMARIN® (Conjugated Estrogens Tablets, U.S.P.)
Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.
Precautions: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).
Failure to control breakthrough bleeding or unexpected recurrence is an indication for curettage.
In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.
Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).
If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.
If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)
Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular level.
Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (*e.g.* atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.
Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.
How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.). No. 865—Each *purple* tablet contains 2.5 mg. No. 866—Each *yellow* tablet contains 1.25 mg. No. 867—Each *red* tablet contains 0.625 mg. No. 868—Each *green* tablet contains 0.3 mg.
Bottles of 100 and 1,000. The 1.25 mg. potency also available in unit dose package of 100.

References: 1. Kupperman, H.S.: Medical Aspects of Human Sexuality *1*:64 (Sept.) 1967. 2. Rhoades, F.P.: J. Amer. Geriat. Soc. *15*:346 (Apr.) 1967. 3. Kerr, M.D.: Mod. Treatm. *5*:587 (May) 1968. 4. Greenblatt, R.B., in Conn, H.F. (Ed.): Current Therapy 1970. Philadelphia, W.B. Saunders Company, 1970, p. 757. 5. Astwood, E.B., in Goodman, L.S., and Gilman, A. (Eds.): The Pharmacological Basis of Therapeutics, ed. 4, New York, The Macmillan Company, 1970, Chap. 69 p. 1538. 6. Tramont, C.B.: Geriatrics *21*:212 (Nov.) 1966.

7148 Ayerst. AYERST LABORATORIES, New York, N.Y. 10017

PREMARIN® BRAND OF
CONJUGATED ESTROGENS TABLETS, U.S.P.
containing natural estrogens exclusively

When irritable colon feels like this



...in the presence of spasm or hypermotility, gas distension and discomfort, **KINESED®** provides more complete relief:

- ☐ **belladonna alkaloids—for the hyperactive bowel**
- ☐ **simethicone—for accompanying distension and pain due to gas**
- ☐ **phenobarbital—for associated anxiety and tension**

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.
Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek **kinetikos,**
to move,
and the Latin **sedatus,**
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.

What's on your patient's face...

may be more important than his chief complaint

The lesions on his face may be solar/actinic – so-called "senile" keratoses...and they may be premalignant.

Solar, actinic or senile keratoses

These lesions may be called by several names, but they usually can be identified by the following characteristics: the typical lesion is flat or slightly elevated, of a brownish or reddish color, papular, dry, rough, adherent, and sharply defined. They commonly occur as multiple lesions, chiefly on the exposed portions of the skin.

Patient P.T. seen on 3/29/67 shows typical lesions of moderately severe keratoses. Note residual scarring on ridge of nose from previous cryosurgical and electrosurgical procedures.*

Sequence of therapy/ selectivity of response

After several days of therapy with Efudex® (fluorouracil), erythema may begin to appear in the area of the lesions; the reaction usually reaches its height of unsightliness and discomfort within two weeks, declining after discontinuation of therapy. This reaction occurs in affected areas. Since the response is so predictable, lesions that do not respond should be biopsied.

Acceptable results

Treatment with Efudex provides highly favorable cosmetic results. Incidence of scarring is low. This is particularly important with multiple facial lesions. Efudex should be applied with care near the eyes, nose and mouth.

Patient P.T. seen on 6/12/67, seven weeks after discontinuation of 5%-FU cream. Reaction has subsided. Residual scarring not seen except for that due to prior surgery. Inflammation has cleared and face is clear of keratotic lesions.*

*Data on file, Hoffmann-La Roche Inc., Nutley, N.J.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local – pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported – insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers – containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Cream, 25-Gm tubes – containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

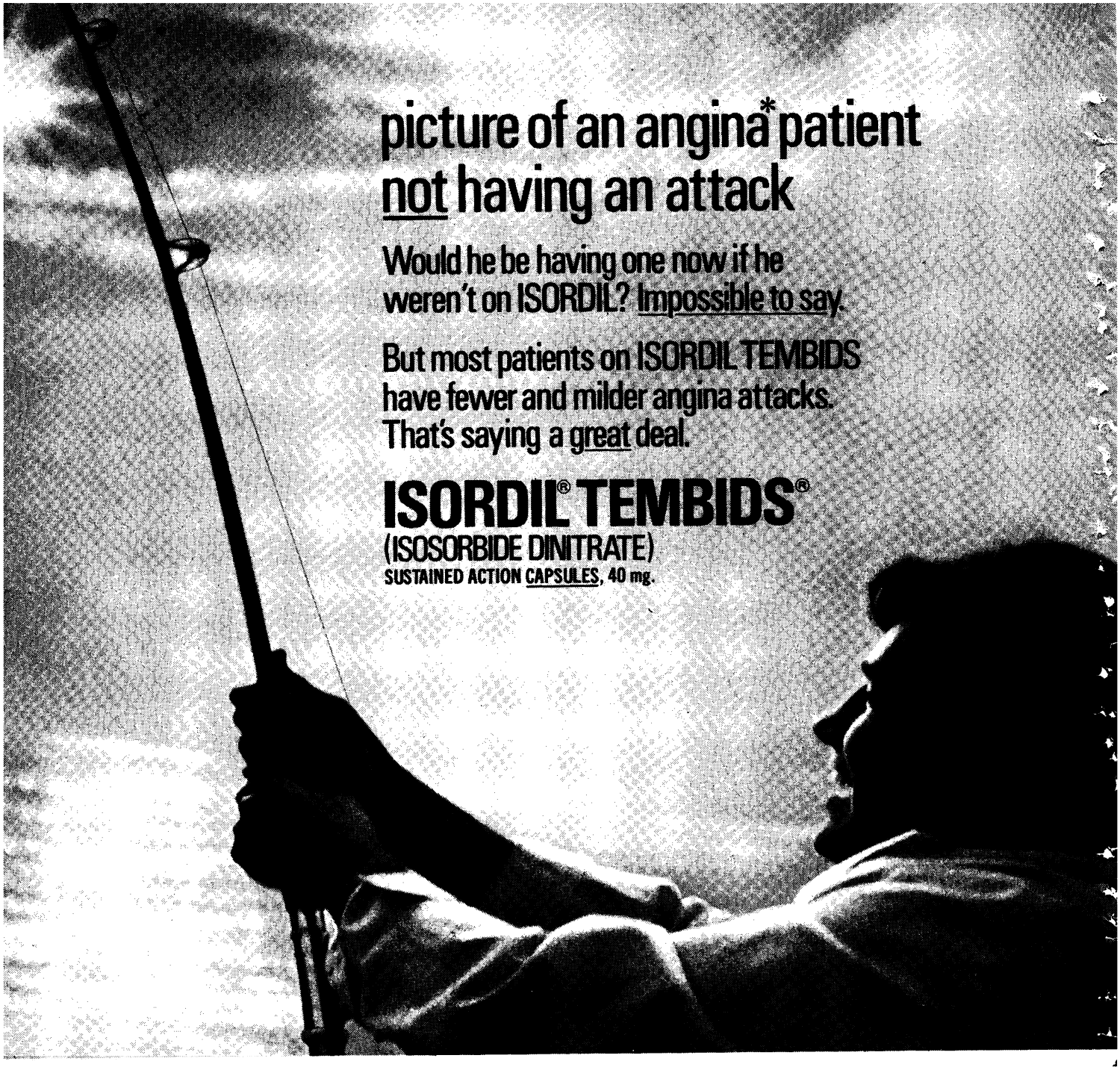
This patient's lesions were resolved with

Efudex® (fluorouracil)

5% cream/solution ....a Roche exclusive

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110



Convenient, sustained prophylaxis. A single ISORDIL TEMBIDS CAPSULE helps protect against angina episodes for up to 10 hours. One in the morning, one at bedtime for day and night protection.

Also available: ISORDIL TEMBIDS TABLETS, Sustained Action Tablets, 40 mg.

***Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: When taken by the oral route, Isordil (isosorbide dinitrate) is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Final classification of the less-than-effective indications requires further investigation.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Intraocular pressure is increased; therefore, caution is required in administering to patients with glaucoma. Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL (isosorbide dinitrate) 5 mg. or 10 mg. Oral tablets or sublingual tablets be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS tablets in their stools. This phenomenon is believed to be on the basis of physiological variability and to reflect rapid gastrointestinal transit of the sustained action tablet. TEMBIDS SHOULD NOT BE CHEWED.

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

TEMBIDS®—TRADEMARK FOR SUSTAINED ACTION TABLETS AND CAPSULES

IVES LABORATORIES INC.

685 Third Avenue, New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

—George Sarton, from "The History of Medicine Versus the History of Art"

Would it be useful in clinical practice to have government predetermine drugs of choice?

Opinion

Results of a survey of physicians:

13.3%
Yes, it would be useful.

86.7%
No, it would not be useful.

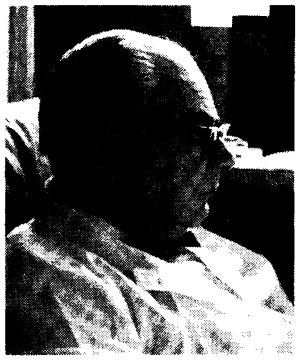
Opinion & Dialogue

Dialogue

Would it be useful in clinical practice to have government predetermine drugs of choice?

Doctor of Medicine

Walter Modell, M.D.,
Professor of Pharmacology,
Cornell University
Medical College,
Editor,
Clinical Pharmacology
& Therapeutics,
Drugs of Choice,
Rational Drug Therapy



The proposition that government should determine one or two "drugs of choice" within a given therapeutic class reflects the belief that a similarity in molecular structure insures a close similarity in pharmacologic effect. But this is by no means the rule. An obvious example would be in the field of diuretics, where a small change in chemical structure accounts for substantial differences in concomitant effects such as potassium excretion.

Any attempt to dictate the "drug of choice" would be complicated by the fact that some populations demonstrate a bimodal distribution in their reaction to drugs. If the data on drug response are mixed for the total population, one drug will appear to be as useful as the other. But if drug response is reported separately for different segments of the population, drug A will be found to be better for one group and drug B for the other.

It may, of course, be possible to determine drugs of choice in particular categories on a broad statistical basis. But there are always certain patients in whom a drug produces odd, unpredictable or idiosyncratic reactions. So, though a drug might statistically be the most useful one in a given situation, individual variations in response might make it the *incorrect* one.

The point I wish to make is that if two, three, four or more drugs in one class are of approximately equal merit, that in itself is justification for their availability. Exceptional cases do arise in which one drug would be useful to a certain segment of the population and another drug would be of no use at all. In the practice of medicine, the physician must be prepared to treat the routine as well as the unusual case.

Another objection to the determination of a drug of choice is that precise statements of *relative* efficacy are very difficult to make—much more difficult than statements of efficacy. For example, in testing drug efficacy, it is easy to determine the difference between a drug that is effective in treating a condition and one that is not at all effective. Thus, it is fairly easy to determine whether a drug is more effective than a placebo. But if you compare one drug that is effective with another drug that is also effective, and the relative differences between them are very slight, statements of relative efficacy may be very difficult to make with assurance.

I do not mean to imply that relative efficacy statements are not useful or can never be made. With some groups of drugs (e.g., analgesics), extensive study and precise methodology have yielded useful information on relative efficacy. But in most situations, such information can be acquired only through studies encompassing three to five years of use in many more patients than are used to compare drugs with a placebo for the introduction of a drug into commerce. It is really only after practitioners use a drug extensively that relative safety and efficacy in practice can really be determined.

The Bureau of Drugs has suggested the package insert as a possible means of communicating information on relative efficacy of drugs to the physician. I find this objectionable, since I do not believe the physician should have to rely on this source for final scientific truth. There is also a practical objection: Since few physicians actually dispense drugs, they seldom see the package insert. In any event, I would maintain that the physician should know what drug he wants and why without depending on the government or the manufacturer to tell him.

Undoubtedly, physicians are swamped by excessive numbers of drugs in some therapeutic categories. And I am well aware that many drugs within such categories could be eliminated without any loss, or perhaps even some profit, to the practice of medicine. But, in my opinion, neither the FDA nor any other single group has the expertise and the wisdom necessary to determine the one "drug of choice" in all areas of medical practice.

Maker of Medicine

Kenneth G. Kohlstaedt, M.D.,
Vice President,
Medical Research,
Eli Lilly and Company

In my opinion, it is not the function of any government or private regulatory agency to designate a "drug of choice." This determination should be made by the physician after he has received full information on the properties of a drug, and then it will be based on his experience with this drug and his knowledge of the individual patient who is seeking treatment.

If an evaluation of comparative efficacy were to be made, particularly by government, at the time a new drug is being approved for marketing, it would be a great disservice to medicine and thus to the patient —the consumer. For example, when a new therapeutic agent is introduced, on the basis of limited knowledge, it may be considered to be more potent, more effective, or safer than products already on the market. Conceivably, at this time the new drug could be labeled "the drug of choice." But as additional clinical experience is accumulated, new evidence may become available. Later, it may be apparent that the established products should not be so easily dismissed.

Variation in patient response to drugs constitutes one of the major obstacles to the determination of "drugs of choice." We are just beginning to open the door on pharmacogenetics, but it is evident that genetic differences cause wide variations in the way drugs are absorbed, metabolized, etc. This fact alone is sufficient to make unrealistic the idea that there is one drug in each class to be used for every human being.

The problem of determining relative drug efficacy is an extremely complicated one. Comparison with other drugs of the same class should not be a prerequisite for marketing a new substance. In some therapeutic areas, it may be difficult to make accurate comparisons. For example, in the treatment of infections it is not possible to conduct crossover studies. Recovery may be influenced by factors which cannot be controlled or measured, i.e., natural host resistance and virulence of infective agents. A drug's acceptability must often be judged on the basis of its own performance, and this may be limited to experience in a relatively small patient population. If the introduction of a new drug must await the adequate establishment of relative efficacy, the duration of clinical trial and extent of studies would be greatly prolonged, particularly for rare or unusual conditions. The availability of a new drug would be delayed. Many patients might suffer needlessly and lives might be lost.

Relative efficacy can best be established by experience in a general patient population through regular channels of clinical practice. The physician considers the patient as a whole, which means the patient often has multiple problems and drugs must be selected with this in mind. Hence, a "drug of choice" in an uncomplicated case may not be the best drug for a patient with associated problems. Publication of well-controlled studies in medical journals may provide comparative evidence; discussions at medical meetings, presentations at postgraduate courses, and the new audiovisual technology may bring evidence to physicians on comparative therapy. In a free medical marketplace, a drug that does not measure up will fall into disuse. For example, broad clinical experience has established vitamin B_{12} as the "drug of choice" for the treatment of primary pernicious anemia. No amount of advertising or promotional effort by the manufacturer could increase the use of liver extract for this anemia. However, a physician may wish to employ parenteral liver preparations for a special purpose.

In the field of surgery, peer review in the hospital has brought significant improvement in the use of new techniques and procedures. Something of this nature would be useful in the area of drug therapy. However, it should be developed by the medical profession itself and would necessitate, for its proper function, an improvement in the dissemination of reliable data on clinical pharmacology of drugs under consideration.

Ideally, information on the relative efficacy of drugs should be gathered and assessed by the physicians who actually administer the specific agents to a specific patient population. To do this, they will need even more information on the drugs they use —information that the pharmaceutical manufacturers must begin to provide if government regulation of *"drugs of choice"* is to be avoided.

Opinion & Dialogue

What is your opinion, doctor?
Send us your comments on the above issue.

The Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ADOLESCENT MEDICINE

June 18—**Fourteenth Annual Joint AMA-American School Health Association Session on School Health.** At Hilton Hotel, San Francisco. Sunday. Subject for the session will be Alcohol and the Adolescent. Contact: Dept. of Health Ed., AMA, 535 N. Dearborn St., Chicago 60610. (312) 527-1500.

ALCOHOLISM AND DRUG USE

July 10-12—**San Diego Summer School of Alcohol Studies.** UCSD. Monday-Wednesday. $60.

CANCER

June 16-17—**New Concepts in Gynecologic Oncology.** USC. Friday-Saturday. $40. 13 hrs.

June 24—**Coordinated Cancer Therapy.** American Cancer Society and St. Mary's Hospital at St. Mary's Hospital, Long Beach. Saturday. $15. 4-5 hours. Primary emphasis will be on breast cancer and Hodgkin's disease. Contact: Dan Pelz, Ed. Dir., Los Angeles Unit, ACS, 1550 W. Eighth St., Los Angeles 90017. (213) 387-4201.

September 27-29—**Seventh National Cancer Conference.** American Cancer Society and National Cancer Institute at Biltmore Hotel, Los Angeles. Monday-Wednesday. Contact: Sidney L. Arje, M.D., Vice Pres. for Prof. Educ., ACS, 219 E. 42nd St., New York 10017. (212) 867-3700.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

MEDICINE

June 17—**American Association for the Study of Headache.** At St. Francis Hotel, San Francisco. Saturday. Contact: Seymour Diamond, M.D., Exec. Sec., AASH, 5252 N. Western Ave., Chicago 60625. (312) 878-5558.

June 19—**American College of Preventive Medicine—Interim Meeting.** At Convention Hall, San Francisco. Monday. Contact: Mr. Ward Bentley, Exec. Dir., ACPM, 801 Old Lancaster Rd., Bryn Mawr, Pa. 19010. (215) 525-5460.

June 21-22—**Early and Late Cardiac Rehabilitation—Exercise and Surgery.** USC and Rancho Los Amigos Hospital at Rancho Los Amigos Hospital, Downey. Wednesday-Thursday. 15 hrs. Contact: USC.

June 23—**Electrocardiography.** UCSF and Mount Zion Hospital at Mount Zion Hospital, San Francisco. Friday. 8 hrs. Contact: UCSF.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.

STAN: Stanford University
Contact: Edward Rubenstein, M.D., Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

July 1-4—**Twelfth Annual Seminar for General Practitioners.** UCLA at UCLA Conference Center, Lake Arrowhead. Saturday-Tuesday. 20 hrs.

July 10-21—**Physicians Training Program in Coronary Care.** Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Two weeks. $300. 96 hrs. Course is largely didactic with an average of 12 hours of procedures in the animal lab. Contact: Miss Janie Sternal, Coord., Contin. Med. Ed., Cedars of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

August 13-16—**Fifteenth Annual Seminar in Internal Medicine.** UCLA. Sunday-Wednesday.

September 20—**Twelfth Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at International Hotel, Los Angeles. Wednesday. $25. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.

September 20-23—**Advances in Endocrinology and Metabolism and Board Review.** UCSF. Wednesday-Saturday.

September 21-23—**Gynecologic Medicine and Endocrinology.** See Obstetrics and Gynecology, September 21-23.

September 21-23—**Physicians Postgraduate Symposium on Heart Disease—Forty-second Annual Meeting.** San Francisco Heart Association at Hilton Hotel, San Francisco. Thursday-Saturday. $35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Comm. Prog., SFHA, 259 Geary St., San Francisco 94102. (415) 982-5753.

September 26-29—**Henry J.L. Marriott Electrocardiography Workshop.** Heart Association of the Redwood Empire at Santa Rosa Memorial Hospital, Santa Rosa. Tuesday-Friday. $75. 20 hrs. Contact: Phyliss Bogart, R.N., Santa Rosa Memorial Hospital, Santa Rosa 95402. (707) 546-3210, ext. 223.

September 28-29—**Dialogues in Dermatology—Part II.** UCSF at Sir Francis Drake Hotel, San Francisco. Thursday-Friday.

September 28-30—**Regional Postgraduate Course in Cerebral Palsy.** American Academy for Cerebral Palsy and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Saturday. $75. Contact: Eugene E. Bleck, M.D., 4 El Cerrito, San Mateo 94402. (415) 344-6816.

October 4-7—**Controversies in Internal Medicine.** Letterman General Hospital at Letterman General Hospital, San Francisco. Wednesday-Saturday. No fee. Topics include: The oral hypoglycemic controversy, coronary by-pass surgery, primary treatment of breast cancer, use and misuse of psychotherapeutic agents, antacids and ulcers, and others. Contact: John J. Deller, Colonel MC, Chief, Dept. of Med., Letterman General Hosp., San Francisco 94129. (415) 561-4275.

October 4-10—**California Society of Internal Medicine—Annual Meeting.** At Royal Lahaina Hotel, Kaanapali, Maui, Hawaii. Wednesday-Tuesday. $10., members; $20., non-members. 5-6 hrs. Contact: Cynthia Bell, Exec. Sec., CSIM, 703 Market St., San Francisco 94103. (415) 362-1548.

October 5-6—**First Annual Symposium on Diseases of the Urinary Tract.** STAN and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Friday. $80. Contact: STAN.

October 6-7—**Tuberculosis.** UCSF. Friday-Saturday.

October 11—**Fifth George C. Griffith Scientific Lecture.** Los Angeles County Heart Association at Los Angeles Hilton, Los Angeles. Wednesday. No. fee. 1½ hrs. Contact: Mr. Shah Khan, Prog. Assoc., LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

October 11-12—**Fall Symposium—1972.** Los Angeles County Heart Association at Los Angeles Hilton, Los Angeles. Wednesday-Thursday. 14 hrs. Contact: Mr. Shah Khan, Prog. Assoc., LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

October 12-14—**Western Industrial Medical Association.** At Newporter Inn, Newport Beach. Thursday-Saturday. Contact: Mr. B. H. Bravinder, P.O. Box 201, Alamo 94507. (415) 837-7838.

October 16-27—**Physicians Training Program in Coronary Care.** Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Two weeks. $300. 96 hrs. Repeat of July-10-21 course. Contact: Miss Janie Sternal, Coord., Contin. Med. Ed., Cedars of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

October 29—**Diagnosis and Management of Medical and Surgical Gastro-Intestinal Disorders.** UCI and Granada Hills Community Hospital at San Fernando Valley State College, Northridge. Sunday. Contact: Arno Roscher, M.D., Prog. Chmn., 10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.

October 29-November 1—**Academy of Psychosomatic Medicine.** At Vacation Village, Mission Bay, San Diego. Sunday-Wednesday. Contact: Adam J. Krakowski, M.D., 202A Cornelia St., Plattsburgh, N.Y. 12901. (518) 561-6490.

October 29—November 2—**Pacific Dermatologic Association.** At El Mirador Hotel, Palm Springs. Sunday-Thursday. Contact: Robert J. McNamara, M.D., 2828 Telegraph Ave., Berkeley 94705. (415) 848-8404.

Continuously—**Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesdays at 8:00 p.m. May 10—Medical Care: Art or Science. For schedule contact UCSD.

Continuously—**Cardiology for the Consultant.** USC. November 3—June 21, first and third Wednesdays of each month, 7:00-9:15 p.m. $200.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; July 3—Trauma. Doctor's Park, Chula Vista 12:30 p.m.; August 3—Diabetes Mellitus. Paradise Valley Hospital, 7:30 p.m.; September 19—Stroke. Coronado Hospital Auditorium; October 2—Obesity. Bay General Hospital. Contact UCSD.

Continuously—**Cardiology Lectures.** Cedars of Lebanon Hospital, Los Angeles. Wednesdays, February 9-September 1, 8:00-8:45 a.m. Contact: Mrs. Janie Sternal, Coord., Contin. Med Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Every third Wednesday of the month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography. One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.**

Continuously—**Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

June 16-17—**New Concepts in Gynecologic Oncology.** See Cancer, June 16-17.

August 9-13—**Seminar in Obstetrics and Gynecology—Fifth Annual.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Monday-Friday. 24 hrs.

September 21-23—**Gynecologic Medicine and Endocrinology.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

June 24-25—**Armchair Allergy.** PMC. Saturday-Sunday. 12 hrs. Everyday problems of pediatric allergy.

July 19-22—**Pediatric Dermatology.** STAN. Wednesday-Saturday.

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September 27-28—**29th Annual Brennemann Memorial Lectures.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. 8 hrs. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 757-1198.

September 28-30—**Regional Postgraduate Course in Cerebral Palsy.** American Academy for Cerebral Palsy and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Saturday. $75. Contact: Eugene E. Bleck, M.D., 4 El Cerrito, San Mateo 94402. (415) 344-6816.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.**

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

June 17—**Golden Gate Group Psychotherapy Association—Annual Conference.** STAN and Golden Gate Group Psychotherapy Association at STAN. Saturday. Contact: STAN.

June 26-30—**Innovations in Psychotherapy.** USC at Hotel Del Coronado, Coronado. Monday-Friday. $60. 20 hrs. June 26—Behavior Modifications and Psychodynamics; June 27—The Groups; June 28—Community Interfaces; June 29—The Non-Hospital Environment; June 30—Two Approaches to the Hyperkinetic Child. Contact: Patrick M. Wolberd, M.S.W., Prog. Coord., USC, 2025 Zonal Ave., 101 Hoffman Research Center, Los Angeles 90033. (213) 225-1511, ext. 336.

October 28-29—**Psychiatry in Medicine, Surgery and the Specialties.** UCSF and Fresno Community Hospital at Fresno Community Hospital, Fresno. Saturday-Sunday. Contact: UCSF.

October 31-November 5—**American Society of Clinical Hypnosis—Fifteenth Annual Scientific Meeting.** At Town and Country Hotel, San Diego. Tuesday-Sunday. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., S.E., Minneapolis 55414. (612) 331-9452.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA. Second Monday of each month, September-June. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, Pres., 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

June 18-24—**Pathology of the Lung.** UCSD. One week. $200. 48 hrs.

September 23—**Interpretation of Data and Selection of Significant Tests Using SMA-12.** PMC. Saturday. 8 hrs.

October 13-21—**Fall Meeting of the American Society of Clinical Pathologists and College of American Pathologists.** At Hilton Hotel, San Francisco. One week. Contact: Miss Martha Damron, Mgr., Meeting Services, ASCP, 2100 W. Harrison St., Chicago 60612. (312) 738-1366.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Orange County Radiological Society—Film Reading Sessions.** Orange County Medical Center, Orange. Second Tuesday of each month, 7:30-9:30 p.m., September, 1971-June, 1972. Contact: Edward I. Miller, M.D., Secy., OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously—**Scintograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

SURGERY AND ANESTHESIOLOGY

June 16—**Stroke—Newest Concepts.** Mount Zion Hospital and Medical Center at Mount Zion Hospital and Medical Center, San Francisco. Friday. $45. Primarily intended for orthopedic surgeons. Contact: Harry Weinstein, M.D., Dir. of Med. Ed., Dept. of Cont. Ed., Mt. Zion Hosp. and Med Center, 1600 Divisadero St., San Francisco 94115. (415) 567-6600, ext. 108.

June 17-18—**Society for Surgery of the Alimentary Tract.** At St. Francis Hotel, San Francisco. Saturday-Sunday. Contact: Victor Richards, M.D., Children's Hospital. 3700 California St., San Francisco 94118. (415) 752-1452.

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June 22-23—**Society for Vascular Surgery.** At Mark Thomas Hotel, Monterey. Thursday-Friday. 22-23 hrs. Contact: Russell M. Nelson, M.D., Latter Day Saints Hospital, Salt Lake City, Utah 84103. (801) 322-5761.

June 22-24—**Postgraduate Course in Ophthalmology.** STAN. Thursday-Saturday. $125 for course, $15 for wives. Lectures, roundtable discussions on new developments in ocular therapy. New approaches to glaucoma and corneal diseases, the therapeutic role of soft contact lenses, biochemical manipulation in ophthalmolic genetics and others. Contact: A. Dellaporta, M.D., Div. of Ophthal., STAN, 94305. (415) 321-1200.

July 5—**Basic Science in Ophthalmology.** STAN. An intensive nine week course meeting from July 5 through September 8. Contact: STAN.

August 4-6—**Anesthesiology—1972.** UCLA Extension at Neuropsychiatric Institute, UCLA. Friday-Sunday. 13 hrs. Topics include: muscle relaxants, update on fluorinated agents, ketamine in general surgery, Beta blockers, the present and future of therapeutic abortion, safe conduction anesthesia for mother and baby, and others. Contact: UCLA.

August 16-18—**Keratoplasty.** PMC. Wednesday-Friday. 24 hrs. Topics to be covered include indications and contraindications for surgery, care and selection of tissues, pre-and post-operative care, management of complications, keratoprosthesis, contact lenses, combined keratoplasty-cataract extraction and others.

September 16-17—**American Association for Hand Surgery.** At Stardust Hotel, Las Vegas. Saturday-Sunday. Contact: Kim K. Lie, M.D., Exec. Sec., AAHS, 765 Bedford Road, Grosse Pointe Park, Mich. 48230. (313) 962-9828.

September 19-23—**American Society of Plastic and Reconstructive Surgeons.** At Stardust Hotel, Las Vegas. Tuesday-Saturday. Contact: Mr. Dallas F. Whaley, 29 E. Madison St., Chicago 60602. (312) 641-0593.

September 22-23—**Second International Microvascular Transplantation Workshop.** UCSD at University Hospital, UCSD. Friday-Saturday. $10. 15 hrs. Participation in the program is by invitation only. Demonstrate new techniques of organ transplantation in small animals. Opportunity will be provided for participants to take part in surgical procedures and to discuss the related physiological and immunopathological aspects.

September 28-30—**American Association for Surgery of Trauma.** At St. Francis Hotel, San Francisco. Thursday-Saturday. Contact: John H. Davis, M.D., Secy., AAST, Univ. of Vermont, Coll. of Med., Given Bldg., Burlington, Vt. 05401. (802) 863-5527.

October 2-6—**American College of Surgeons—Clinical Congress.** At Civic Auditorium and Fairmont Hotel, San Francisco. Monday-Friday. Contact: E. W. Gerrish, M.D., ACS, 55 E. Erie St., Chicago 60611. (312) 664-4050.

October 6-7—**Strabismus.** PMC. Friday-Saturday. 12 hrs.

October 7-11—**American Fracture Association.** At Saint Francis Hotel, San Francisco. Saturday-Wednesday. Contact: H. W. Wellmerling, M.D., Sec. Gen., AFA, 610 Griesheim Bldg., Bloomington, Ill. 61701. (309) 827-6077.

October 10-18—**Pan Pacific Surgical Association.** At Kaiulani Hotel, Honolulu, Hawaii. One week. Contact: F. J. Pinkerton, M.D., Sec. Gen., PPSA, 236 Alexander Young Bldg., Honolulu 96813. (808) 536-4911.

October 13-14—**Proctology.** UCSF. Friday-Saturday.

October 22-24—**Current Concepts of Fracture Healing and Treatment.** USC and American Academy of Orthopedic Surgery at Huntington Sheraton Hotel, Pasadena. Sunday-Tuesday. Contact: J. Paul Harvey, Jr., M.D., Box 302, 1200 N. State St., Los Angeles 90033. (213) 225-3115, ext. 71363.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72. ($50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m. San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes

June 16-17—**Sacramento Valley Counties Regional Postgraduate Institute.** STAN, CMA and Sacramento County Medical Society at Cal Neva Lodge, Lake Tahoe. Friday-Saturday. $30. Contact: CMA.

June 18-22—**American Medical Association.** At Hilton Hotel, San Francisco. Sunday-Thursday. Contact: Ernest W. Howard, M.D., Exec. Vice Pres., 535 N. Dearborn St., Chicago 60610. (312) 527-1500.

June 23-25—**Fifth Convention of the Golden State Medical Association.** At Sheraton-Harbor Island Hotel, San Diego. Friday-Sunday. Contact: Lillian Fortier, Convention Coord., GSMA, 5815 Third St., San Francisco 94124. (415) 822-3130, ext. 46.

August 12-23—**Fifteenth Annual Postgraduate Refresher Course for Physicians.** USC at Sheraton Waikiki Honolulu and Maui, Hawaii. One and one-half weeks. 37 hrs.

September 7—**Coma.** PMC. Thursday. 8 hrs.

September 14-16—**Emergency Care and Transportation of the Sick and Injured.** UCSF. Thursday-Saturday.

October 5-8—**American Society of Bariatrics—Twenty-second Annual Convention.** At Flamingo Hotel, Las Vegas. Thursday-Sunday. Contact: W. L. Asher, M.D., Exec. Dir., ASB, 3195 S. Broadway, Englewood, Colo. 80110. (303) 781-5257.

October 28—**Acupuncture.** UCSF. Saturday.

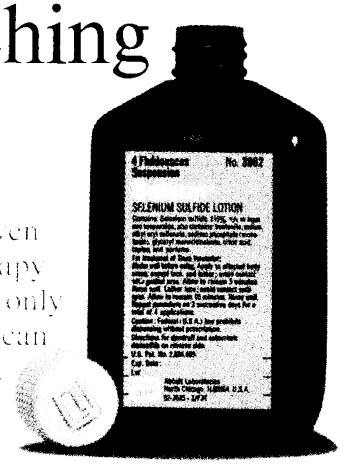
October 28-29—**Psychiatry in Medicine, Surgery and the Specialties.** See Psychiatry, October 28-29.

October 30-November 3—**Intensive Care—Interdepartmental Postgraduate Course. STAN.** Monday-Friday. $200.

Continuously—**Mission Community Hospital Program.** UCI and Mission Community Hospital at Mission Community Hospital, Mission Viejo. Tuesdays at noon. Contact: UCI for schedule and further information.

(Continued on page 52)

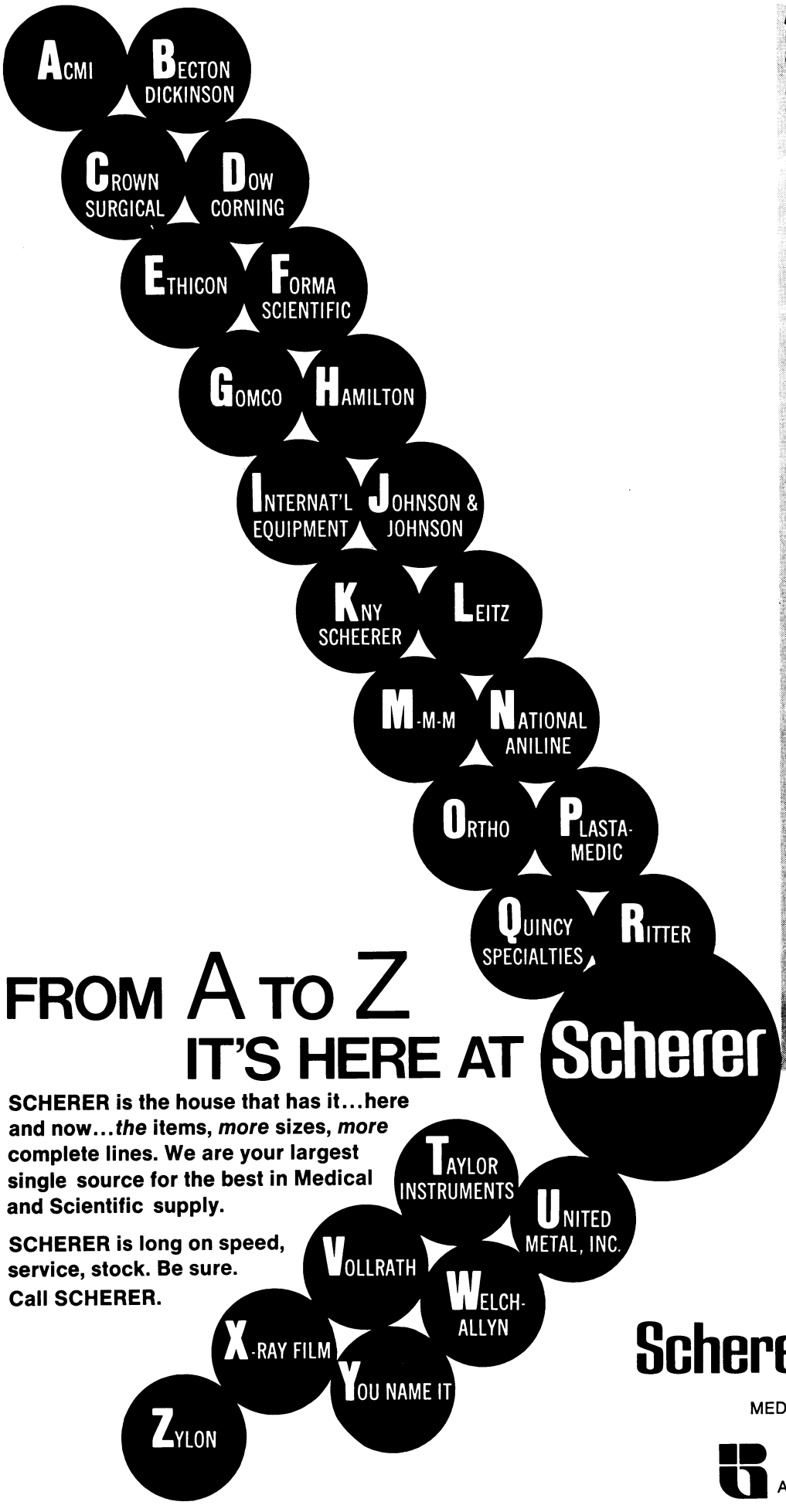
When your diagnosis is seborrheic dermatitis of the scalp, the classic drug for controlling scaling and itching is Selsun®(SELENIUM SULFIDE LOTION)



Proven therapy that only your can give.

Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension: also contains: bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid and perfume.



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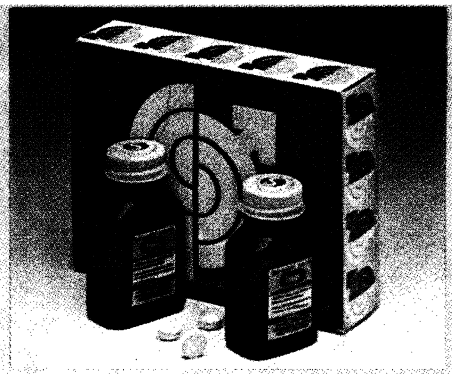
Many women still believe that a douche is a cure-all for vaginal secretions and malodor. Mother tells daughter and the myth is perpetuated.

Other cosmetic products are not much better. Though they may be effective in some minor infections, they cannot touch the real medical problem, which very often is trichomonal vaginitis.

Medicine's most effective cure for trichomonal vaginitis is Flagyl® (metronidazole). It is also pleasantly feminine because it provides the simplicity of oral medication . . . frees women from the unpleasant mess and bother of douches.

When the problem is trichomonal vaginitis . . . remember Flagyl. It cures trichomoniasis with an unmatched high degree of effectiveness.

Flagyl is indicated for the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.



Flagyl®

brand of (metronidazole)

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture. The oral form is indicated also for intestinal amebiasis and amebic liver abscess.

Contraindications: Evidence or history of blood dyscrasia, active organic disease of the CNS, the first trimester of pregnancy and a history of hypersensitivity to metronidazole.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to those pregnant patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. Exacerbation of moniliasis may occur. In amebic liver abscess, aspirate pus during metronidazole therapy.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified. Flattening of the T wave may be seen in EKG tracings.

Dosage and Administration

For Trichomoniasis. In the Female: One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during, and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used,* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male:* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

For Amebiasis. Adults: For acute intestinal amebiasis, 750 mg. orally three times daily for 5 to 10 days. For amebic liver abscess, 500 to 750 mg. orally three times daily for 5 to 10 days.

Children: 35 to 50 mg./kg. of body weight/24 hours, divided into three doses, orally for ten days.

Dosage forms: Oral tablets 250 mg.
Vaginal inserts 500 mg.

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